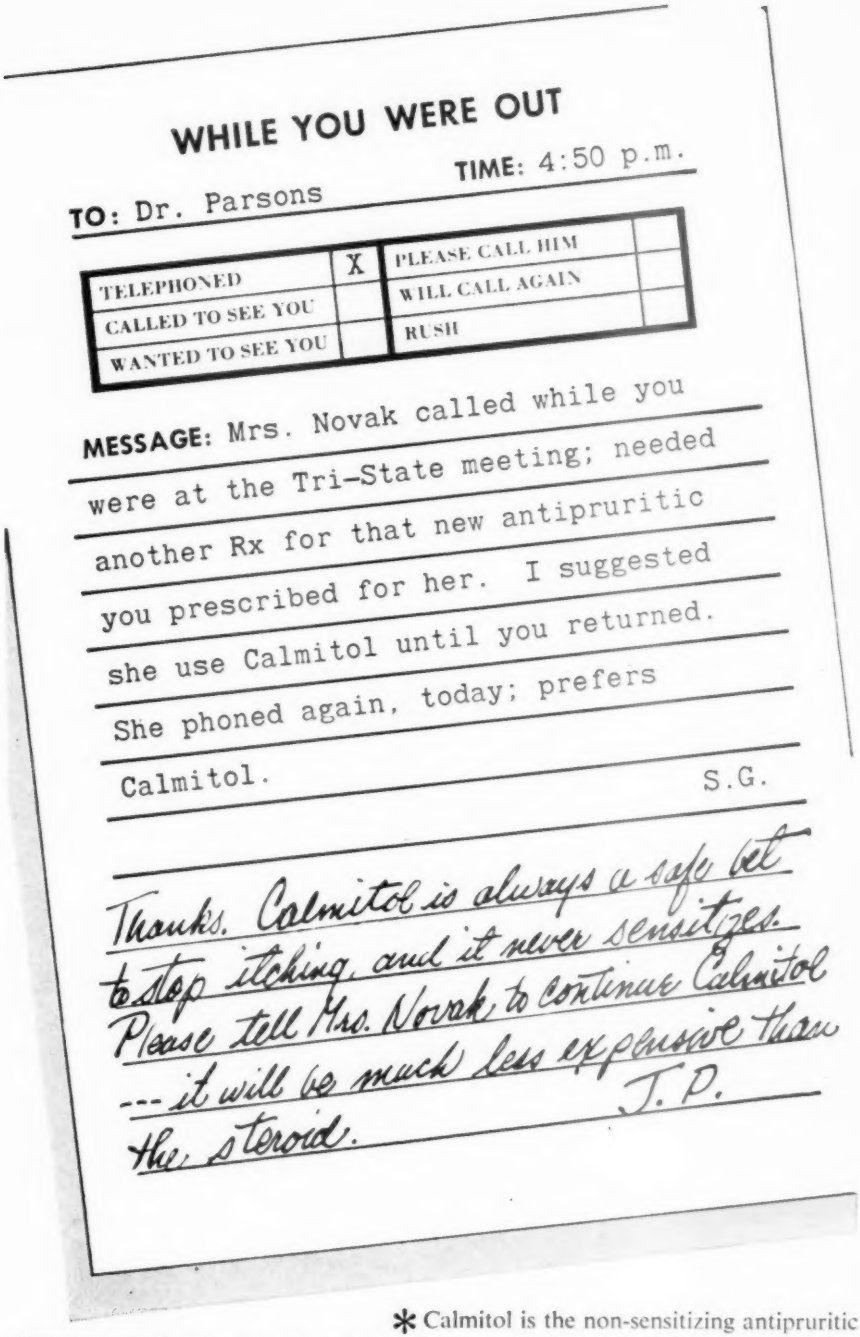
R.N.

A JOURNAL FOR NURSES

APRIL 1957



WHILE YOU WERE OUT

TO: Dr. Parsons **TIME:** 4:50 p.m.

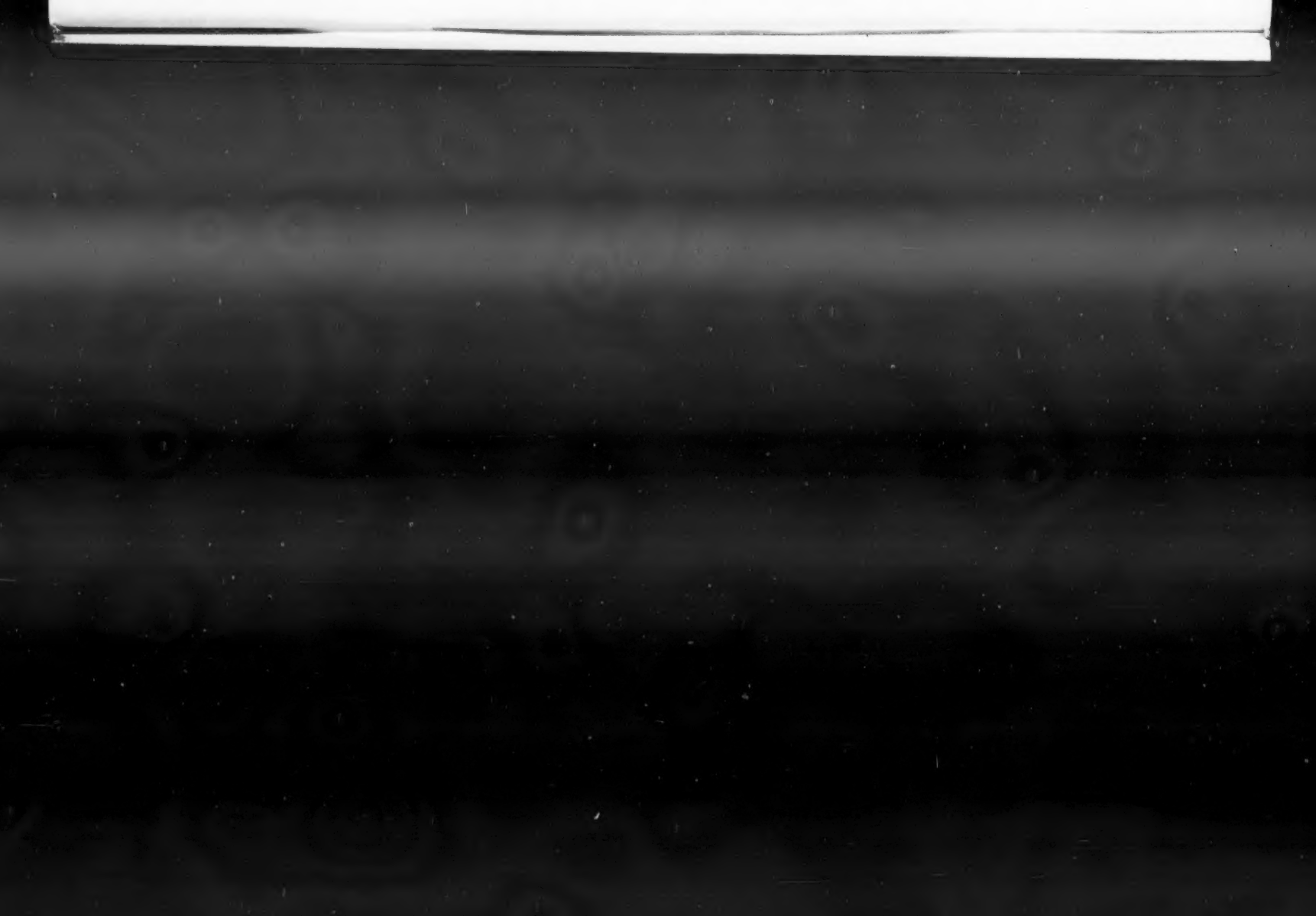
TELEPHONED	X	PLEASE CALL HIM	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTED TO SEE YOU		RUSH	

MESSAGE: Mrs. Novak called while you were at the Tri-State meeting; needed another Rx for that new antipruritic you prescribed for her. I suggested she use Calmitol until you returned. She phoned again, today; prefers Calmitol.

S.G.

Thanks. Calmitol is always a safe bet to stop itching, and it never sensitizes. Please tell Mrs. Novak to continue Calmitol --- it will be much less expensive than the steroid.

J. P.



APRIL

R.N.

A JOURNAL FOR NURSES

CONTENTS

→

R.N. April 1957; Vol. 20, No. 4. Published monthly by The Nightingale Press, Inc. Oradell, New Jersey. Subscription $2 a year; 25c a copy; Canada and foreign countries $3 a year; address: R.N., Rutherford New Jersey. Entered as second class matter. Nov. 20, 1951, at the post office at Rutherford, N.J. under the act of March 3, 1879.

BPA
NBP

New way to reach high C!

New Gerber Strained Apple Juice has a guaranteed high vitamin-C value—40mg. of crystalline ascorbic acid added per 100 c.c. Developed as a pleasant nutritional alternate to Gerber Strained Orange Juice, the new Apple Juice can be offered as a reliable source of vitamin C. Good for the baby who has an intolerance to citrus fruit. **Gerber® Strained Apple Juice**

EDITORIAL STAFF

CREDITS: *Cover—Cap and pin: Paterson General Hospital School of Nursing. Photographer: Walter Herstatt. Melchior, Armstrong, Dessau Company (pages 40, 41). Lt. Robert McGrath (pages 52 through 59).*

Sunny-ripe Peaches

Another reason why you can recommend Beech-Nut with confidence

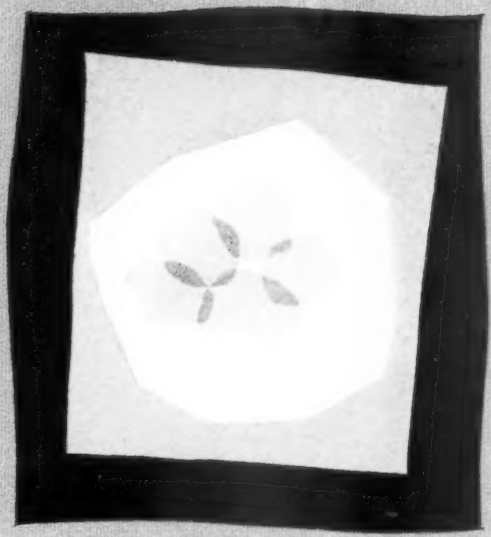
The peaches Beech-Nut uses for their baby foods are exceptional. They're big and round and sunny-ripe. This kind of care and selectivity helps preserve vitamins and minerals for Baby's benefit. For these reasons, doctors do recommend Beech-Nut with confidence.

Trust Beech-Nut... carefulest baby feeders in the world

BEECH-NUT BABY FOODS, CANAJOHARIE, N. Y.

selected platelets make a select powder

PROOF



Only Johnson's Baby Powder uses purest Italian talc exclusively. The unique, flat, smooth talc platelets are then carefully processed for uniformity.

unexcelled dry lubrication

glides more smoothly over skin; soothes and helps prevent chafing.

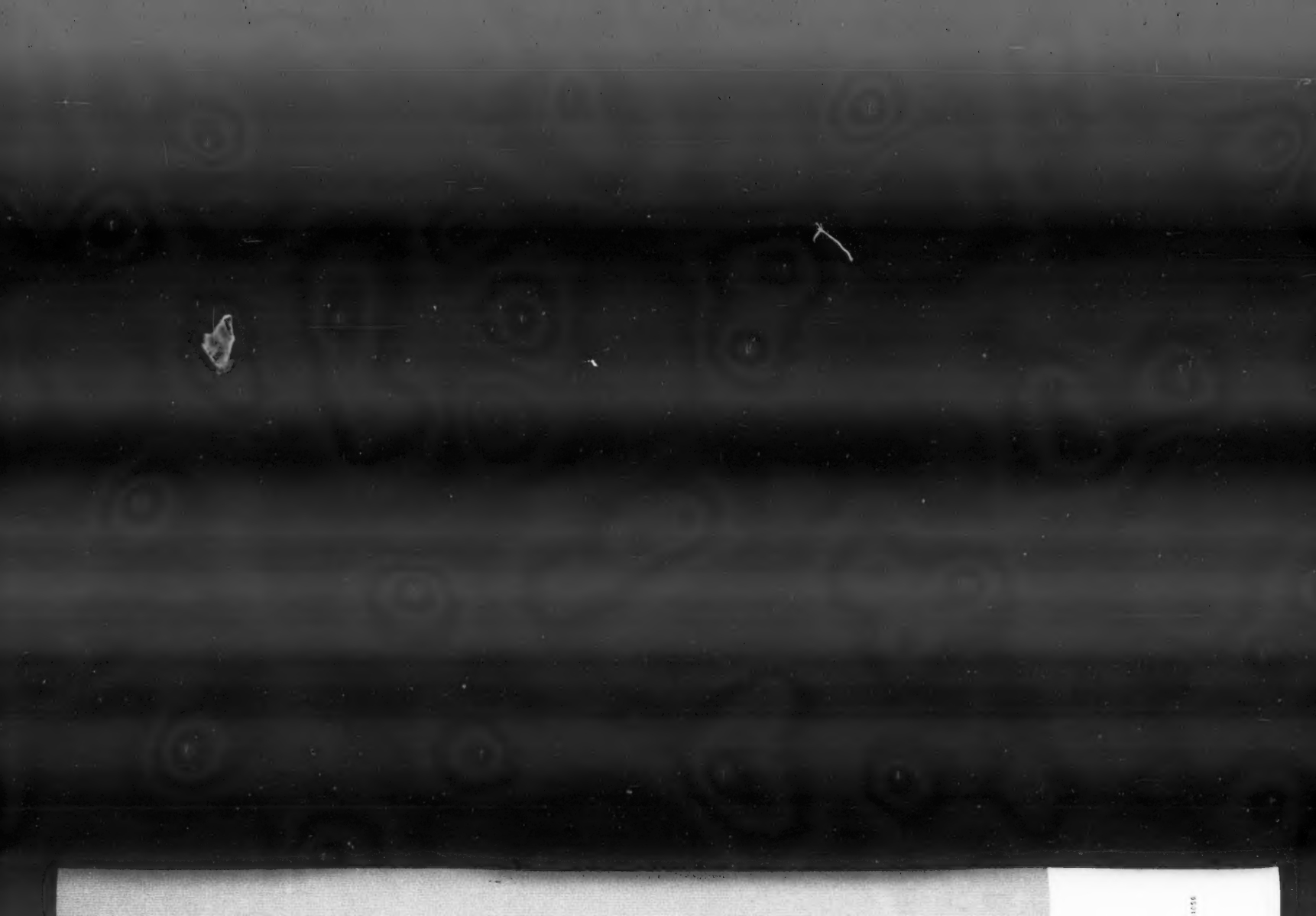
avoids dust-cloud effect

special additional processing discards particles likely to be air-borne.

bettering baby care through specialized research

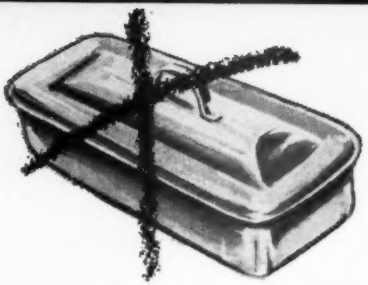
BABY PRODUCTS DIVISION

Johnson & Johnson



THE COVER

Currently observing its seventy-fifth anniversary is the Paterson General Hospital School of Nursing. Founded in 1882 by the same group of civic-minded and persevering women who had started the hospital eleven years before, the New Jersey school has graduated 1,046 nurses. They've served in every phase of nursing service and nursing education. An alumnae association was organized in 1895 and was admitted to membership in Nurses Associated Alumnae of the United States and Canada three years later. It is one of the oldest such organizations in the country. The school is accredited by the New Jersey Board of Nursing and has received full accreditation from the National League for Nursing. It is associated with Fairleigh Dickinson University, where first year students in the three-year course receive instruction in the biological and social sciences, and with the State Hospital at Greystone Park. Framed by a wreath, symbol of purification and protection, the pin features the school's entwined initials. «»



For Patient Protection

Your PETROLATUM GAUZE MUST NOW BE U.S.P.

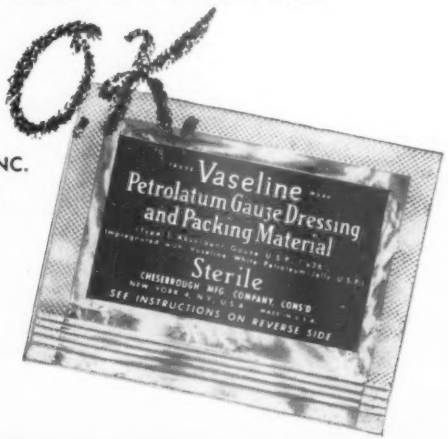
The U.S. Pharmacopeia—Revision XV[1]—lays down the following specifications for making petrolatum gauze:

1. Gauze and petrolatum must be sterilized separately:—
   a) Dry Gauze to be sterilized in an autoclave at 121° C. (250° F.) in an atmosphere of steam for 30 minutes.
   b) Petrolatum to be oven-heated to 170° C. (338° F.), then maintained at 165°-170° C. (329°-338° F.) for two hours.
2. Components must be combined aseptically.
3. The finished product must meet U.S.P. sterility tests[2].
4. Each petrolatum gauze unit must be packaged individually to maintain sterility.

(1) U.S.P. XV, pp 304-305. (2) U.S.P. XV, pp 841-846.

VASELINE® PETROLATUM GAUZE *is* U.S.P.

AND COSTS LESS THAN MAKING YOUR OWN PETROLATUM GAUZE



For further information, write
CHESEBROUGH-POND'S INC.
New York 17, New York

VASELINE is the registered trademark of Chesebrough-Pond's Inc.

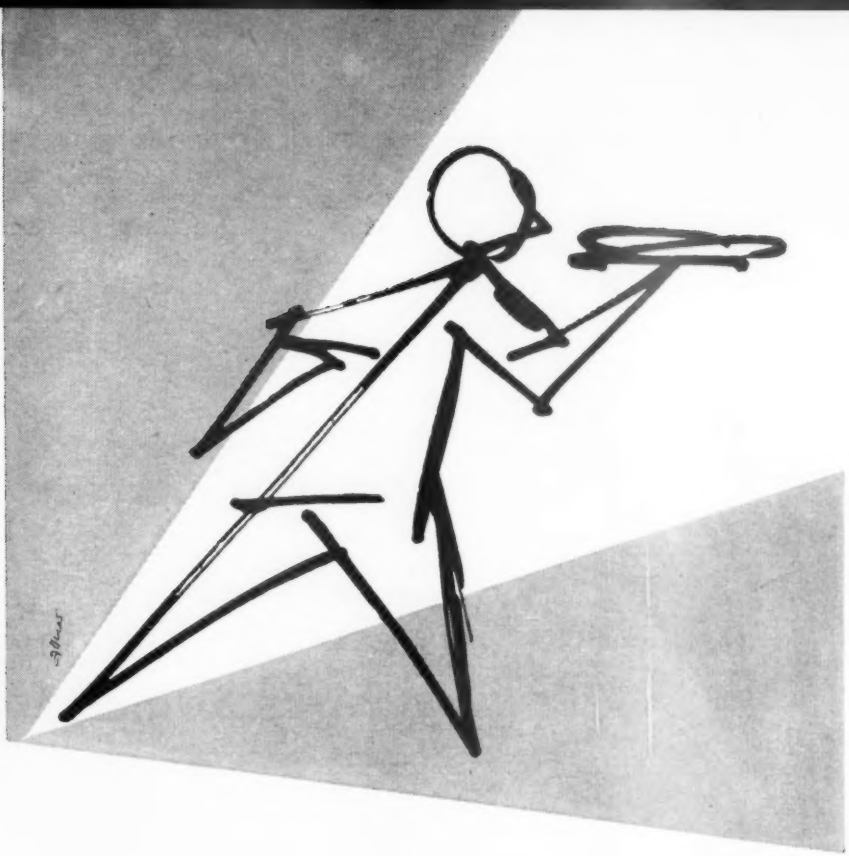
There is no single, ideal formula for all babies – or for *any* one baby throughout the entire formula period.

An unchanging, ready-made formula has serious disadvantages. Such formulas can only be made weaker or stronger–the *balance* of ingredients cannot be changed to meet an infant's changing nutritional needs.

With evaporated milk, the doctor *prescribes* the formula best for the baby, and changes it as he grows. Each infant has the advantage of his own, individual *prescription* formula.

Carnation
"FROM CONTENTED COWS"

Optimum prescription-quality in today's trend to the individualized formula.



An Analgesic That Delivers Better Total Effect

An important aspect to be considered in an analgesic is its better total effect on the patient experiencing pain.[1] Anacin® Tablets provide fast relief, prolonged relief. In addition, Anacin exceeds the benefits of plain aspirin or buffered aspirin by inducing a more relaxing sedative effect. Anacin is well tolerated, does not upset the stomach, provides a better total effect.

always **ANACIN®**

Reference: 1. Hardy, James D.: *The Nature of Pain; J. of Chronic Diseases*, Vol. 4, July 1956.

LETTERS

A CHANGE OF ATTITUDE

Dear Editor:

A nurse's lack of insight into her own problems, limitations, and feelings of inferiority is not conducive to composure in her work day. This deficiency may cause her to have an oversolicitous attitude toward her patients and strong resentments toward her supervisor and co-workers.

Each nurse should do some creative thinking which is not overshadowed by personal complacency and humiliations. Creative thinking can give us a change of attitude. If all of us developed some new positive attitudes, wouldn't we resolve many of the problems in nursing?

VIRGINIA A. STEPONATE, R.N.
CHICAGO, ILL.

WORKING MOTHERS

Dear Editor:

This is a reply to some of the letters from working nurse-mothers. I believe that once a nurse has a family, as I have, her home should come first. Rearing the adults of tomorrow is more important than the nursing shortage. Our training taught us not only to be good nurses but also good citizens. I believe it is more economical to remain at home and reduce juvenile delinquency and, ultimately, tax rates.

ISABEL RICH NELSON, R.N.
VIENNA, VA.

* * *

Dear Editor:

There are many nurses with families who could give some time to help relieve the nursing shortage. As a supervisor from 3 to 11 P.M., I see the need of part-time nurses on this shift. As a wife and mother, I can see the problems of the working nurse-mother. With understanding between the supervisor and the part-time nurses, a satisfactory schedule can be worked out.

NINA FAULKNER, R.N.
MARION, OHIO

* * *

Dear Editor:

I want to propose another solution to the "problem so many nurse-mothers face" as stated in Louise Weimer's letter (October 1956).

I, too, chose nursing as a profession and I, also, have three children. However, when I willingly accepted the responsibilities of

motherhood, I felt that my primary obligation was to my family. Psychologists maintain that the preschool years are very important, as far as child training is concerned. I have no right (except in the case of dire economic necessity) to delegate my responsibility to any full-time baby sitter.

LAURA CALDWELL, R.N.
PITTSBURGH, PA.

LEARN FROM THE YOUNG

Dear Editor:

When I was actively engaged in nursing, I was "in the dark" about ANA activities. When a nurse joined a state association, she automatically became a member of the ANA. After that, however, the association became nebulous; it was an organization she was a member of and not a member in. The officers of the ANA have been so busy charting the course that they have no time for those rowing the boat.

The young nurses of today have much to offer the association. Perhaps the officers and older members of the ANA should ask these young nurses for help.

CATHERINE C. HATCH, R.N.
SAN MATEO, CALIF.

ETHICS?

Dear Editor:

A Code for Professional Nurses states the following: "The nurse sustains confidence in the physician and other members of the health team; incompetency or un-

BiB ACEROLA BERRIES
A tropical fruit . . . richest Natural-Food source of Vitamin C (average potency 1700 mg per 100cc), 50 to 100 times greater than oranges.*

A gift from Mother Nature

Only BiB packs 4 flavors to vary baby's diet; all scientifically-controlled for Natural-Food Vitamin C, hypoallergenicity, flavor and feeding ease:

Orange Juice
Prune-Orange Juice
Apricot-Orange Juice
Apple-Acerola Juice

*Quoted from "Acerola Juice—Richest Known Source of Vitamin C" N. W. Clein, M.D., Journal of Pediatrics, 48:140 (Feb.) 1956

The discovery of BiB Acerola opens new horizons for pediatric feeding. Controlled clinical studies, using a blend of Acerola and Apple Juice, reveal these advantages:

Readily tolerated, even by children with allergic histories, non-citrus BiB Apple-Acerola Juice may be introduced early into the infant dietary.

Vitamin C in the blood plasma increases to "considerably above average" pediatric levels, suggesting greater utilization.*

Taste acceptance is constant, assuring daily intake of Natural-Food Vitamin C (40mg/100cc) plus the supporting food nutrients.

Psychologically, the feeding ease is welcomed by mother and child.

BiB Apple-Acerola Juice is now available for pediatric feeding. For copies of the studies, write: BiB Corp., Box 866, Lakeland, Florida.

You May Suggest BiB *With Confidence*

. . . the rapid and prolonged topical anesthetic action of Xylocaine Ointment effectively manages pain, itching and burning. The anesthetic comes into immediate and intimate contact with the tissues because it is contained in a water-soluble, nonstaining vehicle which readily melts at body temperature. It is nonirritating, nonsensitizing and does not interfere with the healing processes.

Astra Pharmaceutical Products, Inc.
Worcester 6, Massachusetts, U.S.A.

for better doctor-patient relationship

XYLOCAINE®
(brand of lidocaine*)
OINTMENT 5% ASTRA

*U. S. PATENT NO. 2,441,498

ethical conduct of associates in the health professions should be exposed, but only to the proper authority."

Did you ever try to expose unethical conduct to the proper authority? Did you have success if you attempted this? Was your place on the health team made so uncomfortable that you preferred to leave?

Just how ethical are we as professional nurses when we allow sick people to be cared for by aides? How are our ethics functioning when we allow an L.P.N. to give medications? Yes, she pours medicines with accuracy but what does she know about toxicology and side reactions? What observation and report can she give on the effect of drugs? Did we study materia medica and drugs and solutions to be superceded by subprofessional people?

ETHEL D. TUNLEY, R.N.
RICHMOND HILL, N.Y.

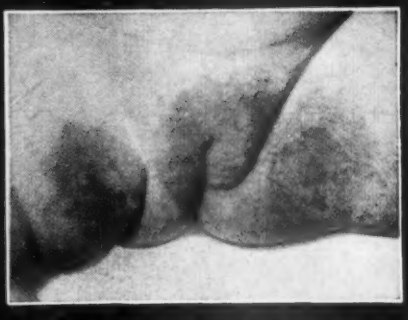
WORKING STUDENTS?

Dear Editor:

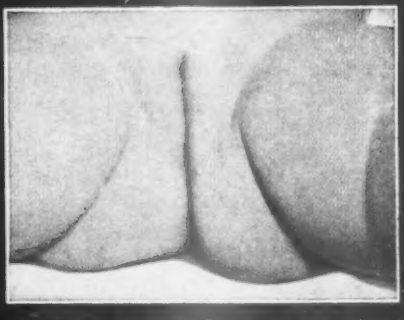
I read Mrs. Salter's letter in the December issue concerning the two students supposedly working their way through a school of nursing.

Did Mrs. Salter check the girls' story with the school involved?

Recently, we received several calls from individuals who were visited in their homes by two girls who said they were students of our school, having to sell magazines in



Aug. 25. A typical case of diaper rash, characterized by excoriation and soreness.



Sept. 1. After only one week of local applications with White's Vitamin A & D Ointment each time diaper was changed, the skin surface is normal.

it's becoming routine therapy

particularly in

prevention and treatment of diaper rash

and in many other common skin conditions: burns, cuts, sunburn, chafing, prickly heat, chapping, cracked nipples

White's Vitamin A & D Ointment

it's healing...soothing...protective.

Provides A & D vitamins in the same ratio as found in cod liver oil.

KEEP A TUBE OF THE NEW
ECONOMICAL 4 OZ. SIZE
HANDY FOR EMERGENCIES
AND ROUTINE SKIN CARE

WHITE LABORATORIES, INC.
KENILWORTH, N. J.

order to stay in training. The girls were neither students nor prospective students in our school.

In addition, we were called about another girl supposedly earning "points" toward a scholarship by selling magazine subscriptions. This was not true. We reported the incident to the First District Office of the Illinois State Nurses Association and the Chicago Better Business Bureau, in the hope that something could be done about this matter.

SISTER M. RONALDA, O.S.F.
EVANSTON, ILL.

PLEASED

Dear Editor:

I wish to tell you how pleased I am with your magazine. I am a new subscriber, and I find the articles concise and interesting.

PATRICIA HOWARD, R.N.
UTICA, N.Y.

PERSPECTIVE

Dear Editor:

After hearing and reading so many negative statements about young nurses it is time for an old graduate to come to their defense with a little reasoning.

Are we older graduates so old that we no longer remember our probie days? Then we heard the caustic remarks of the seniors and graduates concerning the stupidity of probationers. When we became seniors, we wondered how stupid can people be, meaning the pro-

bies, of course. Let us encourage the young graduates. Give them time and they will prove that they are invaluable members of the nursing profession.

IRENE LEBO, R.N.
ELIZABETHVILLE, PA.

CARDIAC SYMPOSIUM

Dear Editor:

Thank you for your January issue. The Prologue introducing the articles was splendid. I am grateful for this valuable information.

ERIKA OKRASSA, R.N.
DETROIT, MICH.

* * *

Dear Editor:

Your January issue was excellent. The explanations of various cardiac conditions was very informative; the description of nursing care and the clear drawings completed the comprehensive picture. This outstanding issue shows that R.N. is an unusual source of nursing information that is both timely and applicable.

HELEN G. WALFORD
SAN FRANCISCO, CALIF.

* * *

Dear Editor:

Congratulations on your January issue. Margaret Whiting's article was one of the best I've read.

HELEN M. DONOVAN, R.N.
VANCOUVER, WASH.

* * *

Dear Editor:

I want you to know how pleased we all are with the issue. [MORE]

CONTROL NAUSEA

—without interfering with peptic digestion

For indigestion or upset stomach, Pepto-Bismol is superior to alkalizers and antacids in many important ways. Its unique coating action helps the stomach return to normal without interfering with digestive acids and enzymes and without "acid rebound."

Controls diarrhea, without subsequent constipation. Unlike paregoric and other opiate preparations which are often constipating, Pepto-Bismol's demulcent coating action helps control simple diarrhea and allows bowel function to return to normal, usually within 24 hours.

Because Pepto-Bismol is so wonderfully gentle and effective throughout the stomach and intestinal tract, it has been used and recommended by practicing physicians and nurses for almost fifty years.

Pepto-Bismol®

Active ingredients: Bismuth Subsalicylate, Salol, Zinc Phenol-sulphonate and Methyl Salicylate Synthetic in a demulcent base. Note: The beneficial medication in Pepto-Bismol may cause a temporary darkening of the stool.

ANOTHER FINE Norwich® PRODUCT

You have done a splendid reportorial job on the Cardiac Institute.
CAPT. MARGARET WENDLAND, ANC
FITZSIMONS ARMY HOSPITAL
DENVER, COLO.

* * *

Dear Editor:

Kindly forward us six additional issues of the January R.N. The Cardiac Symposium is especially fine for us in view of the many problems we face with our cardiac patients.

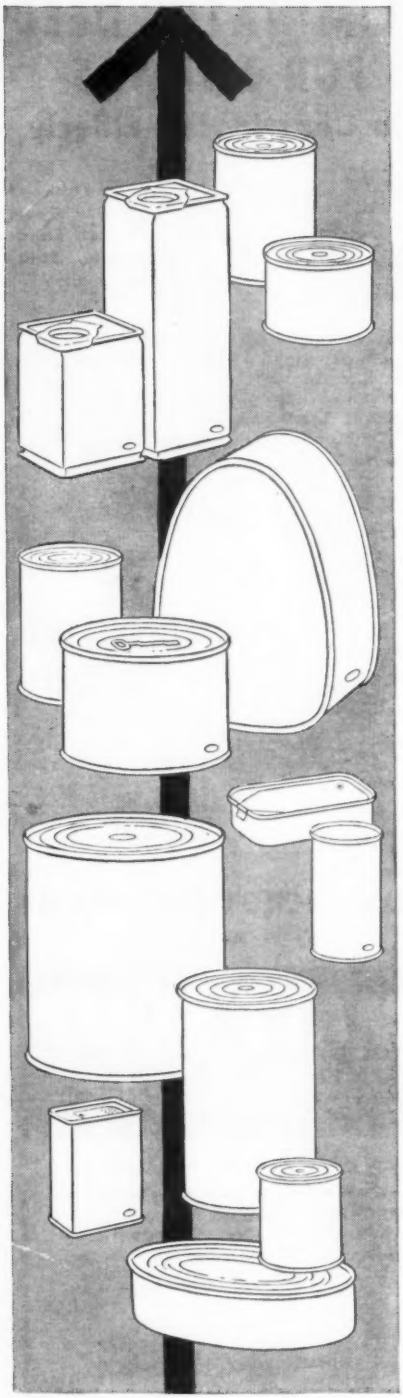
CHARLOTTE HASSELBUSCH, R.N.
WASH., D.C.

SALK VACCINE

Dear Editor:

I take this opportunity to thank the nurses of the United States for their support of the program of the National Foundation for Infantile Paralysis and for the care given to the patients who contracted poliomyelitis during 1956.

While the Salk vaccine has been proven effective in combating the poliomyelitis virus, it is not and cannot be totally effective until all susceptible persons have completed the full course of three inoculations. There are two important steps professional nurses must take to assure the successful fight against poliomyelitis. Each nurse should set a good example and receive the vaccine immediately. Nurses should also utilize their unique position to educate the public and encourage all citizens, especially persons under forty years of age, to obtain three shots of Salk vaccine. If each of the more than



Canned foods point the way to good nutrition!

When you recommend a normal diet for a patient, remember: he can get all essential nutrients—surely, conveniently, economically—from delicious foods in modern cans.

Canned foods offer many advantages. Fruits and vegetables are grown especially for canning, picked at their prime and sealed in airtight containers, protected from light and spoilage bacteria.

Careful processing immediately after harvesting gives canned foods their excellent appearance, flavor and high nutritive values. They are convenient to store, easier to prepare and are available in a variety of can sizes to fit the needs of any family.

Many of the techniques that make today's canned foods possible were developed in Canco's research laboratories. From this continuing research program will come the methods and containers to make tomorrow's canned foods even better!

Keep up with container developments! Watch Canco NBC NEWS on TV—April 22, and alternate Mondays thereafter. See your local newspaper for time and channel.

American Can Company CANCO

New York • Chicago • San Francisco

400,000 registered professional nurses in this country would encourage the members of her family and her friends to have these vaccinations, many people who have no immunity would be protected against paralytic poliomyelitis. It is only by wholesale vaccination that we can hope for a decrease in the number of paralytic poliomyelitis patients during 1957.

On behalf of the National Foundation for Infantile Paralysis, I express gratitude to you and your publisher for the support you have given our program.

BASIL O'CONNOR, PRESIDENT
NATIONAL FOUNDATION FOR
INFANTILE PARALYSIS

SPECIALING

Dear Editor:

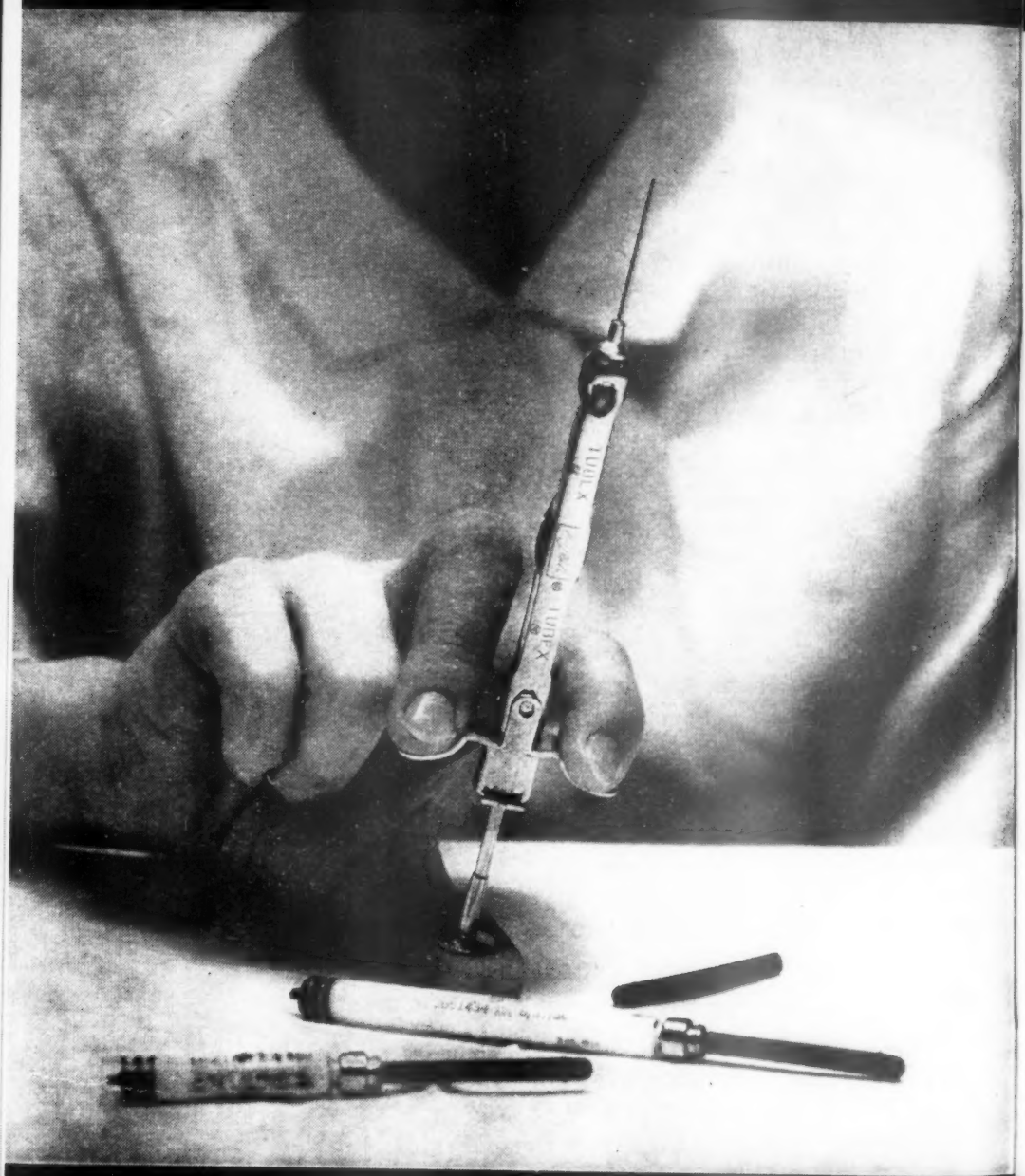
Please continue your interesting and controversial articles. I'm so glad you are aware of the problems in nursing. Maybe there is hope for us nurses yet.

The ordinary practical nurse just cannot give the very sick patient the care a "special" can. I have seen the day when it took all my special knowledge (university and hospital training) to make my patient really comfortable and to carry out the doctor's orders.

Maybe some people who have been away from hospitals too long need to get good and sick; then we would see what they think of the hospital situation.

(Mrs.) NANCY M. THETFORD, R.N.
SILVERDALE, WASH.

Brings Automation



SAVES TIME, WORK, MONEY

to the Modern Hospital

The modern injection technique

Serves the Administrative Staff

Serves the Medical and Nursing Staff

- Eliminates hidden costs
- Simplifies stock control and handling
- Reduces nursing workload—promotes efficient use of nurses' time
- No syringe breakage
- No sterilization, no needle-sharpening—new, sterile needle for every injection
- Cuts waste—no unused medication
- Assures accurate dose
- Assures asepsis
- Reduced risk to personnel of contact sensitization
- **No risk of infectious hepatitis**

Note: The saving of time, work, and money by closed-system injection in the hospital has been determined by exhaustive published studies. The most recent, by J. A. Hunter, et al., is available upon request. See your Wyeth Territory Manager or address Wyeth Laboratories, P.O. Box 8299, Philadelphia 1, Pa.

Now available: New 2-cc. syringe adaptable for TUBEX *sterile-needle units in both 1 and 2 cc.!*

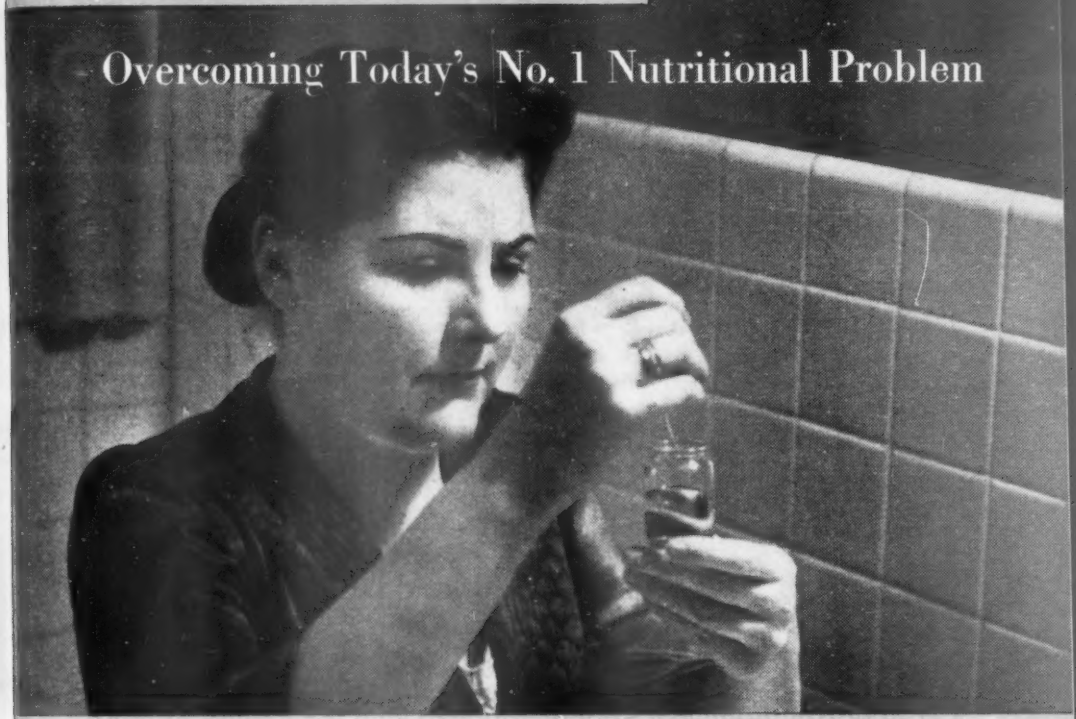
TUBEX®

Wyeth®
Philadelphia 1, Pa.

CLOSED-SYSTEM INJECTION

KNOX PROTEIN PREVIEWS

Overcoming Today's No. 1 Nutritional Problem



Knox "Food Exchange" Diet Enlists the Cooperation of Your DIABETIC Patients for Dietotherapy

1. This Knox booklet is based on nutritionally-tested Food Exchanges[1] and demonstrates that variety is possible for diabetic diets.

2. The easy-to-understand Food Exchanges simplify dietary control for the diabetic by eliminating calorie counting.

3. Diets promote accurate adjustment of caloric levels to the special needs of the patient, yet allow each individual considerable latitude in the choice of foods.

4. Each booklet presents in addition 16 pages of appetizing, kitchen-tested recipes.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc., and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare

Chas. B. Knox Gelatine Co., Inc.
Professional Service Dept. RN-20
Johnstown, N. Y.

Please send me . . . . . dozen copies of the Knox diabetic brochure describing the use of Food Exchange Lists.

Your Name and Address

comfort with safety

for patients troubled by HEMORRHOIDS

Offering greater convenience and accuracy of dosage, Nupercainal Suppositories give the same prompt, safe, lasting relief from discomfort of hemorrhoids so long associated with Nupercainal Ointment. Nupercainal Suppositories relieve the itching, burning, and pain of hemorrhoids—yet contain no narcotics to mask serious rectal disease.

SUPPLY: Nupercainal Suppositories, each containing Nupercaine base 2.5 mg., zinc oxide, bismuth subgallate, acetone sodium bisulfite 0.05% (as a preservative) and cocoa butter; boxes of 12.

Also available: Nupercainal Ointment and Cream.

NUPERCAINAL® (dibucaine CIBA)

2/2383NR

CIBA SUMMIT, N. J.

new

Nupercainal® suppositories

LITERATURE & SAMPLES

FOR BABY'S SKIN: Desitin Medical Nursery Powder helps to prevent and relieve diaper rash, chafing, prickly heat, urine "burn", irritation. Processed with cod liver oil, Desitin Powder does not deprive the skin of fats. Samples are offered. DESITIN CHEMICAL CO. **C 1**

BOOK OF UNIFORM STYLES: Professional women are offered a variety of new uniform fashions and fabrics in a new catalog of the ACKLEY UNIFORM CO. **C 2**

STERILE COHESIVE GAUZE: Gauzetex is a surgically sterile cotton gauze, processed to stick to itself and not to skin or hair. Easy to apply and remove, Gauzetex serves as bandage and tape all in one. Samples. GENERAL BANDAGES, INC. **C 3**

SERVICE AND REPAIR MANUAL: Just issued by Gomco, this manual contains service and repair data on their rotary, thoracic and thermotic pumps. Included are easy-to-follow instructions for minor adjustments which can be made by nurses themselves without calling in repair service or sending material back to the factory. GOMCO SURGICAL MANUFACTURING CORP. **C 4**

NEW UNIFORM FASHIONS: Many pages of color illustrations of new uniform styles, plus nurses' hose, aprons, shoes, nighties, slips, are found in this new catalog issued by BENCONE UNIFORMS, INC. **C 5**

COLD SORES, FEVER BLISTERS: A folder describes use of Blistex for patients with chapped, cracked or dry lips, cold sores, fever blisters. Blistex is a soothing ointment incorporating menthol and ammonia in a special base. A testing sample is included. BLISTEX, INC. **C 6**

DISPOSABLE PAPER PRODUCTS: This line is ingenious and varied. Sterilizer bags, bed pan covers, waste can liners, table sheeting, bed pads—even examination gowns—all for one-time use without laundering problems. A folder, from PRO-TEX-MOR HOSPITAL PRODUCTS. **C 7**

WOUND HEALING: Panafil Ointment is a topical application which debrides necrotic tissue and promotes natural healing processes. Nurses entrusted with adminstration of the product under physicians' instructions will be interested in a folder containing case histories with color illustrations. RYSTAN CO **C 8**

..... CIRCLE DESIRED ITEMS, CLIP COUPON, AND MAIL TO .....

READERS' SERVICE DEPT.
R.N.—A JOURNAL FOR NURSES
ORADELL, NEW JERSEY

April, 1957

Coupon void after June 30, 1957

Please send me information on the following items. . . .
C 1 2 3 4 5 6 7 8

NAME _____ **R.N.**

STREET _____

CITY _____ **ZONE** _____ **STATE** _____

TYPE OF NURSING _____

(PLEASE PRINT OR TYPE)

when he smokes too much . . .

Whenever indigestion results from habitual overdoing in any form (excess of cigarettes or alcohol, dietary indiscretion, nervous tension), symptoms can be quickly alleviated night and day with Gelusil and the new formulation Gelusil-Lac.

To avoid daytime distress: Gelusil provides the sustained action of magnesium trisilicate and specially prepared aluminum hydroxide gel to restore and maintain gastric pH within normal range. Because it does not overneutralize or alkalize, Gelusil avoids the twin dangers of acid rebound and systemic alkalosis.

To prevent middle-of-the-night attacks: In Gelusil-Lac, the proven antacid action of Gelusil is combined with sustained buffering effect of specially prepared high protein (low fat) milk solids to prevent gastric pain at night.

Nonconstipating: The specially prepared aluminum hydroxide component in Gelusil has a low order of chemical activity. Thus formation of astringent —and constipating—aluminum chloride is minimal.

Dosage: 2 Gelusil tablets or 2 teaspoonfuls Gelusil liquid two hours after eating or when symptoms are pronounced. Each tablet or teaspoonful provides: 7½ gr. magnesium trisilicate and 4 gr. aluminum hydroxide gel. Gelusil-Lac: At bedtime, one heaping tablespoonful stirred rapidly into one-half glass (4 fl. oz.) of cool water. (Provides equivalent of 4 Gelusil tablets.)

Gelusil®/Gelusil-Lac

WARNER-CHILCOTT

100 YEARS OF SERVICE TO THE MEDICAL PROFESSION

WITH THE NEW **FLO-TROL** CLAMP

now exclusively on PLEXITRON
Expendable Administration Sets

A simple, one-hand adjustment permits administration of blood or parenteral solution at exactly the prescribed rate. FLO-TROL also adjusts to completely stop flow of fluid. Fool-proof, trouble-free . . . and a distinct advantage in parenteral therapy.

FOR THE PAST QUARTER CENTURY – PIONEERING PARENTERALS

BAXTER LABORATORIES, INC.

MORTON GROVE, ILLINOIS

DISTRIBUTED AND AVAILABLE ONLY IN THE 37 STATES EAST OF THE ROCKIES (except in the city of El Paso, Texas) THROUGH

AMERICAN HOSPITAL SUPPLY CORPORATION

SCIENTIFIC PRODUCTS DIVISION GENERAL OFFICES • EVANSTON, ILLINOIS

Birth Announcement

On February 19, 1957 at the fourth national congress of the Association of Operating Room Nurses meeting in Los Angeles, a delegate body representing some 50 individual local operating room nurse groups officiated at the long delayed birth of a new national nurses association.

For those staunch advocates of two, or eventually one professional association, this announcement may well be received with a certain lack of enthusiasm. But whether the news elicits congratulations, criticisms, or even questions of the legitimacy of this new arrival on the organizational scene, the actuality of the "birthin'," to put it succinctly, marks another FAILURE on the part of organized nursing to recognize and meet the needs of a developing profession.

It has been no secret to the ANA and NLN that operating room nurses have not been satisfied with their places within the existing structure of either organization.

The seed for this organization was inadvertantly planted in the classes of its founder, Edith Dee Hall, while she specialized in, and taught, operating room nursing at the Polyclinic Medical School back in the forties. Her idea then was to form a small club for operating room nurses—actually a forum where they could pool their knowledge of surgical techniques, discuss their particular OR problems, and share in the solutions.

In 1949, such a club was formed under the leadership of Miss Hall and was called the Association of Operating Room Nurses of New York City. Once the word was heard, other groups emulated the New York unit and there were reports of independent OR units forming along parallel lines. And despite the lack of a national counterpart, OR

sections were formed within state nurses associations . . . some withstanding the disapproving stares from ANA headquarters.

Once the movement gained recognition, it grew on its own momentum until units were created throughout U.S., Canada, Puerto Rico, and Hawaii. Operating room nurses are "different" regardless of those who would classify them simply as general duty or supervising nurses. By the nature of their specialty—which is a specialty—OR nurses are more involved in perfecting surgical techniques than in surgical nursing. Patients may still be their first interest, but this interest is demonstrated through maintaining aseptic conditions for patients' safety, ably assisting the surgeons in whose hands patients have placed their lives, and attaining, as far as is possible, an environment of minimum tension in the operating suite with smooth operating teamwork. The OR nurse needs specialized programs that will help her develop skills along these lines and will prepare her professionally to keep pace with the giant steps being taken by the surgeons in today's surgeries.

Intuitively, the OR nurses have known that to do this they must think as a specialty group, organize as a specialty group, and grow professionally as a specialty group, despite caustic criticism.

As an interested observer, we at R.N. have watched these nurses knocking on organizational doors, requesting admittance on their terms—and have seen their requests refused.

From 1949, representatives of the AORN have dis-

continued on page 78

Concluding a two-part series on a developing trend:

Progress Report on Recovery Rooms

by Alice R. Clarke

Nurses attending the American College of Surgeons' regional meeting in New Orleans this February might have heard one of the strongest supporters of the principle of recovery rooms call this service the very keystone of the hospital. Dr. Alton Ochsner, of New Orleans' Ochsner Foundation, minced no words, however, when he went on to say that he meant a *recovery room* in its true sense. "There is no place for postanesthesia rooms, today, except as a compromise," said the New Orleans surgeon. "The patient should be recovered from the surgery, not just the anesthesia, before he is returned to his own room."

Generally speaking, it is only the larger hospitals that can maintain the type of recovery room service advocated by Dr. Ochsner. In smaller institutions, where most of scheduled surgery is performed in the forenoon, the recovery (or postanesthesia) unit is commonly closed by 5 or 6 P.M.—or, at the latest, by midnight. Patients requiring emergency surgery during the evening and night hours are returned directly to their rooms.

There is no question but that recovery room units are expensive, yet, at the same time, they are economical. The concentration of postoperative patients, equipment, and staff adds to the total economy of the hospital operation.

With postanesthesia care centralized, it is no longer necessary to have so many duplicates of cost-

Developed by the military during World War II, the recovery unit is rapidly becoming a permanent hospital installation.

ly devices available in many different areas—a duplication which is unavoidable when such care is decentralized.

Delays involved in obtaining special life-saving equipment from central supply are eliminated. With its point of use transferred to the recovery room, such equipment can be kept there instead of in central supply.

It has been reported that 50 per cent of deaths occur in the immediate postoperative period. Those who have used the recovery unit have found that complications have decreased and morbidity has been lessened through prompt treatment.

The ideal location of the recovery room, as close to the anesthesia and OR departments as is architecturally possible, assists the anesthetists in giving the same highly skilled observation as during surgery, and, in the event of an emergency, the surgeon's suite is in the immediate area.

Surgeons like the recovery room. Their patients are centralized, not scattered throughout the hospital. With the knowledge that their patients are receiving special care, they have peace of mind. In fact, some surgeons now ask that their patients go to the recovery room for a few hours regardless of whether the patient is awake or not. Even those who are awake can suffer falls in blood pressure simply from the shifting of position from the OR table to the stretcher.

The first two hours immediately

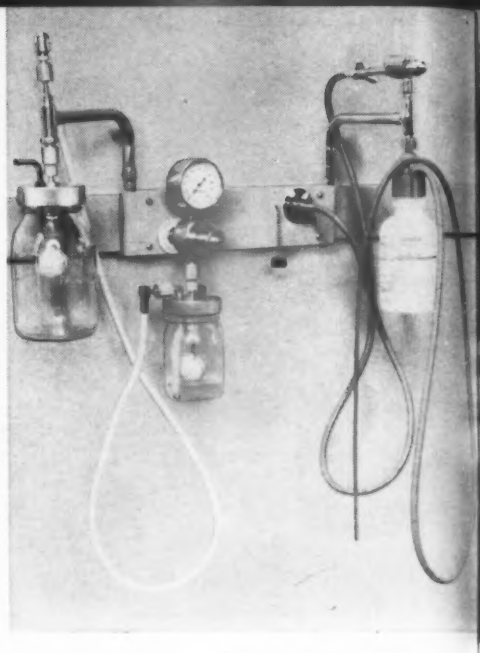
postoperative are the most important time of the patient's life. And the two most important things the recovery room staff is alerted for are prevention of shock and control of respiratory obstruction.

As a training facility for student nurses, the recovery unit invariably affords increased opportunities for clinical experience. With private, semiprivate, and ward cases alike being brought in for immediate postoperative care, the student encounters a much wider range of surgical cases, as well as a concentrated example of postanesthesia-surgical nursing.

Hospital schools offering graduate courses for nurse anesthetists find the recovery unit of real value as an added clinical facility.

The "visiting problem" has been greatly simplified—largely because visitors can either be kept out of the recovery unit altogether or permitted to see the patient only for a few moments during the less busy hours of the day. As a result, many a high-strung relative has been spared a distressing view; and many a harried nurse has been spared the experience of seeing her patients disturbed by distraught family emotionalism. (Some surgeons explain the purpose of the recovery room to the patient's family prior to surgery.)

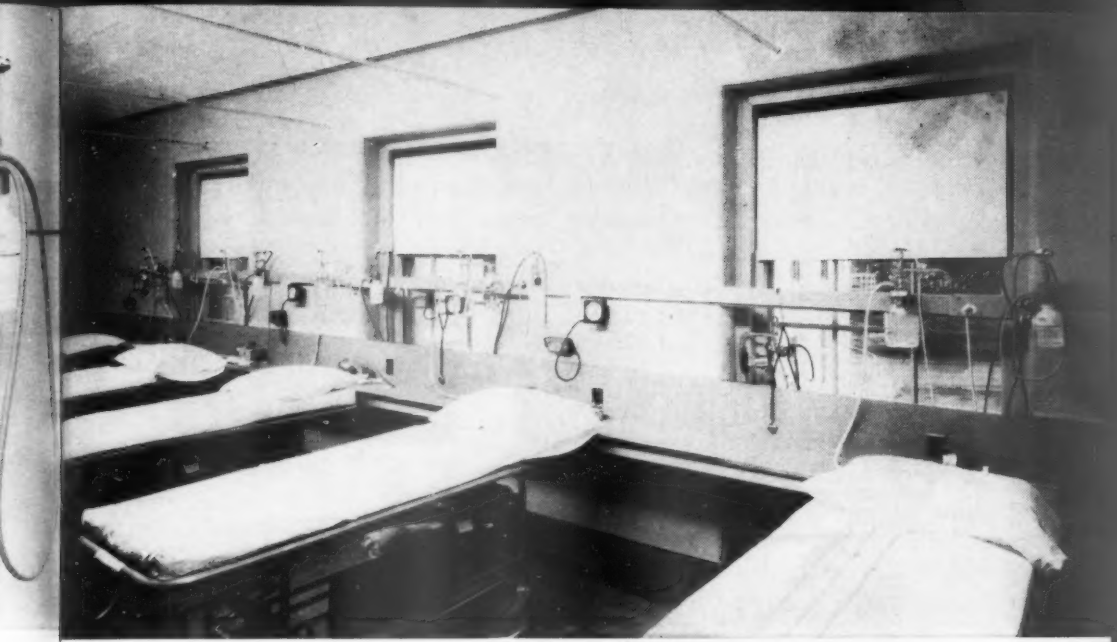
Male and female patients as well as private, semiprivate, and ward cases—can generally be accommodated in the same recovery unit. (As one authority puts it, "During the immediate postoperative hours, the majority don't care who their roommates are; and by the time they start noticing, it's time to move them back to their rooms.")



Recovery room close-up: Suction wall unit (left), oxygen (right), both readily available near beds.

Research projects and special studies in postoperative care can be carried out more effectively in a recovery unit than in other areas.

What amounts to a whole new field of nursing has been opened up for those who wish to specialize—a field which should particularly appeal to younger R.N.'s. This belief is based largely on the fact that intensive recovery room experience enables an individual to acquire a greater degree of nursing skill than



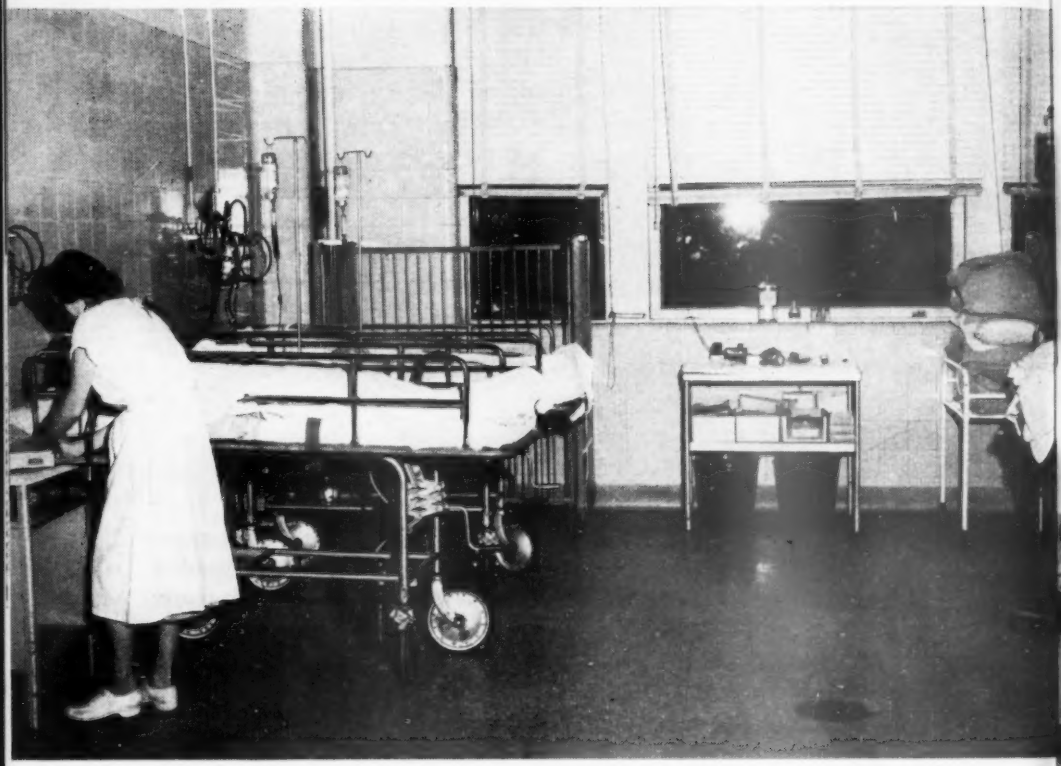
Ready for postoperative care, this recovery room shows a custom-made, low-cost oxygen and suction system that can be coupled into existing facilities, and extended or transferred at any time.

one ordinarily acquires elsewhere.

The physical layout of a well planned, open-area recovery unit—with all patients clearly visible from a centrally located nurses' station—saves steps, simplifies the supervisory aspects of the head nurse's job, and otherwise adds up to better patient care.

As might be expected, no two such units are apt to be exactly alike, either in layout, equipment, or scope of service. Indeed, even the term "recovery room" already has several variations; many hospitals seem to prefer the more limited "postanesthesia room," which promptly becomes "the P.A.R." in staff lingo; and at least one leading cancer center has adopted "recovery pavilion" as an identifying name for its air-conditioned and soundproofed twenty-four-bed unit. In other hospitals, where the recovery room principle has been followed in setting up special-care areas for all critically ill patients, medical as well as surgical, the term "intensive therapy unit" has replaced the more commonly known designation.

As with all new developments, there are attending problems and, peculiarly enough, one already recognized is that a recovery unit may run *too* smoothly. Thelma Laird, director of nursing at New York's Memorial Center for Cancer and Allied Diseases, brought this out at the American College of Sur-



No two recovery rooms are identical in layout, equipment, or scope of service; but all have a common aim: improved postoperative care.

geons' meeting when she warned that the surgeons may be too ready to delegate procedures to an efficient recovery nurse. Miss Laird admonished that in all fields the nurse is at her best when she supports and amplifies the physician's role, but when she attempts to substitute for him, she is in danger.

Another problem area, touched on at both the American College of Surgeons' and the Association of Operating Room Nurses' meeting is that of who takes the responsibility for releasing the patient from the recovery unit. One anesthesiologist made the statement that in his hospital, the recovery room nurse determined the time of release. Not many anesthesiologists or surgeons would agree upon that arrangement. They are finding it difficult enough to agree between themselves as to who takes the responsibility.

Historically, the anesthesiologists pushed the idea of the recovery room, so naturally they believe the anesthesia department should determine the patient's time of release. Some surgeons believe just as strongly that it is their prerogative to make this decision. In many hospitals there is a compromise: both sign the patient's release.

It goes without saying, of course, that various local problems have been encountered in the widespread acceptance of the recovery room idea. In fact, one particular problem that might have been anticipated—namely, a reluctance on the part of private duty nurses to take kindly to the idea—has been conspicuous by its absence. As far as can be learned, there has been very little adverse criticism, if any from this group of R.N.'s.

When seconds count, equipment is centralized on open shelves.

The reasons are not difficult to discover: In the first place, a great many hospitals allow the private duty nurse in the recovery unit, permitting her to assist in the immediate postoperative care of her patient, but with the understanding that she is working under the supervision of the recovery room nurse. Secondly, the average patient's stay in the recovery room is of such short duration that the private duty nurse isn't likely to suffer any significant loss of income on a given case.

This is not to say that personal grievances haven't been expressed, here and there, in private, but there is no evidence to indicate that the recovery room principle has in any way seriously affected private duty as a whole.

Patients—oddly enough—have voiced the only objection which seems to be of major significance: in many instances they have complained, not about the recovery room itself nor the care they receive there, but about the policy some hospitals follow in making a separate charge for this service.

Usually this charge is on an

WARDS
SUPPLY and LINEN ROOM
HALL
OPERATING ROOM
UTILITY ROOM
sink
work table
oxygen tents and tanks
anesthesia machine
parenteral fluids
unsterile supplies
suction apparatus

1. Nurse's desk
2. Beds
3. Bedside stands
4. Aspiration machines
5. Sinks
6. Intravenous tray on stand
7. I.V. standards
8. Bed screens
9. Dressing cart
10. Emergency tray table:
    syringes and needles,
    tracheotomy, thoracentesis,
    venesection, sutures
    spinal manometer
    catheterization
11. Open shelves:
    parenteral fluids,
    thermometer tray,
    oral hygiene tray,
    blood chemistry tray
    catheter tray
12. Work table:
    hypo tray
    emergency drugs
    stock drugs, saline
    for continuous irrigation
13. Sterilizer
14. Refrigerator:
    antibiotics
    whole blood
15. Drug cabinet:
    laryngoscope
    airways,
    endotracheal tubes
    and drugs most
    frequently used
    BP apparatus
16. linen carrier

A typical floor plan

hourly basis, with the rate ranging approximately from $1.25 to $2 (average charge $5 for 2-3 hour period); and while relatively few patients object to a separate charge as such, many who stay in a full day or more in the recovery unit are indignant when they find they have also been billed "board and room" for the same period.

("I wasn't in my room on those days," says the typical objector, "I was in the recovery room.") Most patients find it difficult to understand billing of this kind; and even some nurses aren't fully aware that the usual "board and room" charge actually includes far more than meals and the use of private or semiprivate facilities. The misunderstanding is further complicated by the fact that recovery room charges are seldom, if ever, covered by Blue Cross and other hospital insurance plans.

On the question of billing patients for recovery room service, at the ACS meeting Dr. Ochsner adamantly stated, "There should be no charge. It is psychologically wrong to burden a patient and family for something that you feel is a necessity." He also maintains that unless there is an adequate size recovery unit to accommodate patients for the full recovery phase, recovery service is not being given.

In establishing their hourly rates

for recovery room service, hospitals have evidently been guided by the prevailing local fees for private duty nursing. Thus, in one area where the fee is $16 for an eight-hour day, certain hospitals charge their semiprivate patients $1.50 an hour and their private patients $1.90 or $2 an hour for time spent in the recovery unit. "If we charged more than $2 an hour," an administrator explains, "patients would begin to wonder if it wouldn't be cheaper to hire a special duty nurse."

Volume and kinds of surgery performed generally determine how many recovery beds a hospital needs. Thus, in a 1,000-bed VA hospital, where domiciliary care is a predominant consideration, only eight or ten recovery beds may be needed; on the other hand, a 250-bed cancer hospital may require twenty or more such beds. Among smaller general hospitals (*i.e.*, those with a total capacity of less than 100 beds), the relatively few which have thus far installed recovery rooms have usually found three or four beds adequate for their post-operative case load. In larger general hospitals, where the principle has had its widest acceptance, one finds considerable variation in the ratio of recovery beds to total beds; in the New York metropolitan area, for example, a tabulation of seven such hospitals shows the following:

	Total beds	Recovery beds
New York Hospital	1,207	16
St. Vincent's	830	6
Montefiore	650	13
Roosevelt	450	8
Doctor's	273	10
Long Island Jewish	250	8
St. Barnabas (N.J.)	234	18

Recovery room equipment, likewise varying considerably from hospital to hospital, includes many a new or improved device that wasn't available ten or twelve years ago. In the newer hospitals, as well as in those whose operating facilities have been enlarged in recent years, the recovery room has usually been provided with such structural assets as air conditioning, soundproofing, and recessed wall outlets for piped-in oxygen and suction. (Even so, tank oxygen and portable suction units are still considered necessary reserve items for emergency purposes.)

A detailed check list of what the well-equipped recovery room needs in the way of apparatus and supplies is set forth in "The Recovery Room: Immediate Postoperative Management," an informative volume coauthored by Drs. Max S. Sadove and James H. Cross (W. B. Saunders Company, Philadelphia). A similarly authoritative list, originally published in *Hospitals* (November 1952), is available from the U.S. Public Health Service.

Anyone who believes that nurses

aren't particularly interested in equipment would do well to visit—as R.N.'s editors did recently—a representative group of recovery rooms. In hospital after hospital, nurses eagerly talked about and demonstrated one or more special items used in postanesthesia care: a thoracic Seal-O-Meter; a Gomco or a Sorenson portable suction unit; a Phillips-Drucker wall suction installation; an O.E.M. Corporation's Cof-Flator; a Stephenson or a Kreiselman resuscitator; a Birtcher defibrillator; an Isolette or an Armstrong incubator; a Hill-Rom therapy bed or a Hausted recovery stretcher; a Pneophore respirator; and so on. Moreover, many of these nurses manifested a similar interest in various new pharmaceuticals—stimulants, sedatives, antibiotics, narcotics, I.V. vitamins, etc.—now commonly used in recovery units.

Leaders in the hospital field no longer question either the soundness or the permanancy of the recovery room idea; not only is it "here to stay," as one administrator puts it, but its further national acceptance in the years just ahead is taken for granted by most authorities. Thus, thousands of R.N.'s who have yet to experience their first personal contact with this *modus operandi*, may look forward to doing so in the future; and unless all signs fail, the majority will find it a rewarding development. «»

SURGICAL MEETINGS

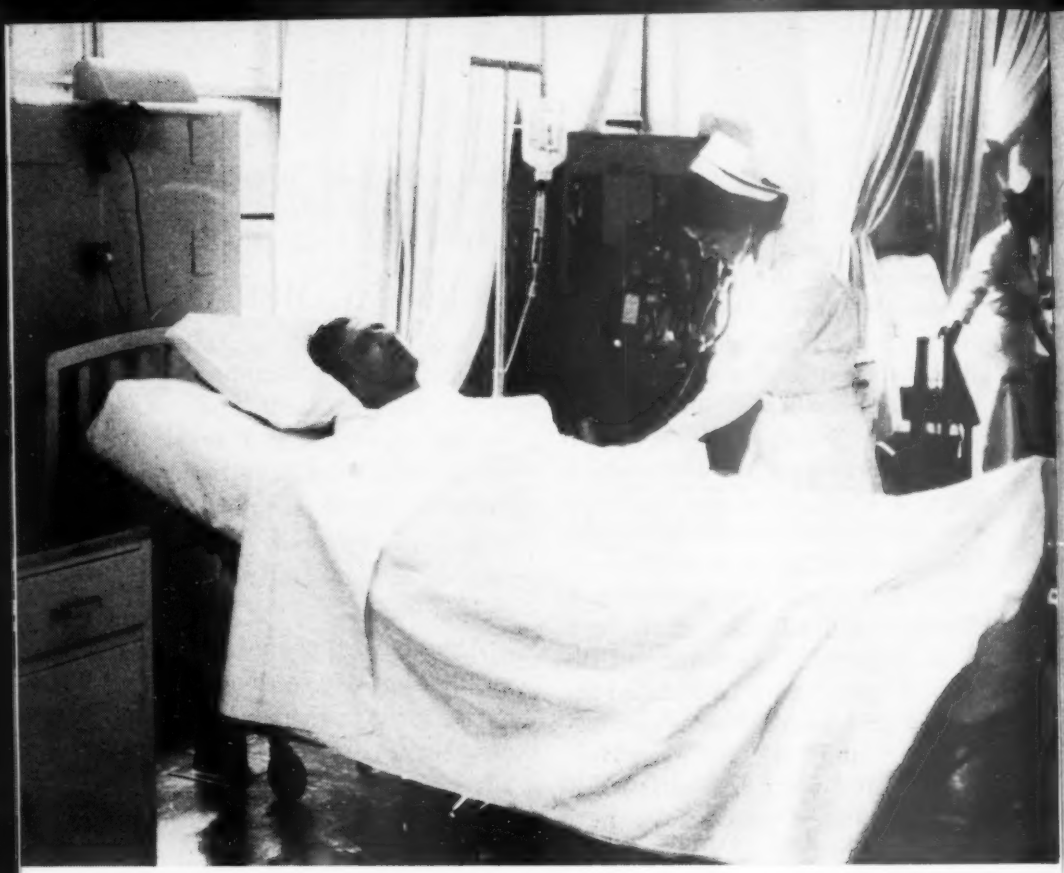
Operating rooms and surgical wards could well have been on the understaffed side during the month of February with the number of nurses attending special meetings.

Almost 1,200 of those attending the four-day sectional meeting of the American College of Surgeons in New Orleans, Feb. 4-7, were nurses, as were some 1,700 of the 2,206 registrants at the Association of Operating Room Nurses' fourth national congress at Los Angeles, Feb. 18-21.

Informative surgical programs were offered at both meetings in the form of panels, symposia, and problem clinics, but each meeting had its own particular highlights in addition to the regular agenda.

Top billing in interest goes to the many well-organized hospi-

continued from page 84



As far as the basic essentials of postanesthesia care are concerned, recovery room duties are not likely to seem new or strange to the nurse long experienced in giving this care elsewhere in the hospital. Such a nurse, however, is almost certain to find herself working under vastly different conditions on joining a recovery room staff. A wholly new environment, more adequate equipment, greater emphasis on teamwork, the immediate availability of OR personnel—all these, together with the newness of the recovery room concept itself, tend to give even familiar duties an altered aspect for a while. As with any new assignment, some adjustment and reorientation is generally indicated.

Usual practice places the recovery unit under the jurisdiction of the chief anesthesiologist—who, in turn, is responsible to the chief surgeon. Through this setup, the nursing staff is assured that M.D.-members of the operating team (anesthesiologist and resident, us-

It takes the type of nurse who likes to work with immediate postoperative patients to staff the recovery room.

Orientation to a Postanesthesia Unit

by Nancy C. Fell

ually) will always be on call in the recovery room. Intercom connection with the adjacent OR is commonly provided.

Transfer of the postoperative patient from surgery to recovery unit is invariably the responsibility of the anesthesiologist, with some other member of the surgical team also in attendance. Both doctors report to the charge nurse on the patient's condition, complications that might develop, special symptoms to watch for, etc. They also provide her with immediate postoperative orders in writing.

Nursing responsibilities begin at this point; hence, it is highly important that the charge nurse fully understand all verbal instructions, written orders, and hazards involved. In most hospitals, one or both doctors are required to remain in the unit while a staff nurse checks (1) the patient's blood pressure, pulse, and respirations, and (2) his tubing, drains, packing, airway, catheters, I.V.'s, blood in-

fusion, and other such supportive aids as may have been instituted in the OR.

Normally, the unconscious patient is positioned on his right side, with a pillow at his back and two under his head, with chin extended to minimize aspiratory dangers. His knees are flexed to reduce strain on abdominal sutures if any such have been used.

Maintenance of a clear air passage to the lungs is all-important. Any obstruction is first indicated by a change in the patient's breathing pattern—which should be rhythmic, effortless, and marked by slow, deep, quiet respirations. Irregular breathing, choking, or noisy respirations are presently followed by cyanosis unless they are relieved immediately. Even in the absence of symptoms, frequent aspiration of the nasopharynx and oropharynx may be indicated.

Any mechanical airway, oral or nasal, inserted during surgery must be left intact until the patient has regained his gag reflex. If, in reacting, he tries to dislodge it, removal is indicated. An endotracheal, endobronchial, or pharyngeal tube must, of course, be removed by the anesthesiologist on call; the nurse, however, may remove the simple hard rubber airway commonly used in surgery.

Blood pressure, pulse, and respiration rates are checked as frequently as ordered. Usually this means every fifteen minutes until the patient reacts, then every half-hour until all vital signs are stabilized, and every hour thereafter. If the patient is in shock, checking may be required at ten-minute intervals or oftener. Patients kept overnight in the recovery unit are generally checked every two hours.

A sudden increase in pulse rate is often the first sign of concealed bleeding. A similar increase accompanied by a diminishing force in the pulse beat may signify the onset of shock or hemorrhage. As a rule, any pulse rate above 110 or below 60 should be reported immediately—as likewise a systolic pressure should be if it falls below the 90-mark.

Hemorrhage, shock, and lack of oxygen are further indicated by the condition of the skin, a drop in temperature, and breathing marked by rapidity and depth (as though the patient were hungering for air). The skin's appearance should be noted for color (good, pallid, or cyanotic) as well as for condition (warm and moist, or cold and clammy).

Administration of oxygen—an almost routine procedure in the care of cardiac patients, and occasionally required by others—calls for precise interpretation of doctors' orders as well as careful scrutiny of the anesthesia record. Unless otherwise specified, the nasal catheter method of administration

is preferred, with the intake rate varying from four to ten liters a minute.

Temperature, taken initially on admission, is recorded every four hours thereafter as a rule, unless conditions require it oftener. After anesthesia involving hypothermia, temperature readings may be required as often as every five minutes. Pulse, respirations, and temperature are taken immediately after whole blood is administered.

All drainage tubes and catheters must be checked carefully at frequent intervals, and proper observations recorded hourly (or as ordered) on the fluid level of each drainage bottle and the character of its content. (Successive levels are usually marked on the bottle with adhesive tape, so that drainage can be followed at a glance.)

If, on admission, immediate orders call for the use of a Levine tube connected to Wangensteen suction, the tube must be checked constantly to see that it doesn't become plugged; also, it must be irrigated very slowly and carefully at specified intervals. Gastric tubes are irrigated every thirty minutes for the first two hours, and subsequently every hour unless otherwise indicated.

All tubing connected to suction apparatus and drainage bottles is securely taped to the sheet (and

---

SURGICAL NURSE

I follow wounds beyond the scalpel's edge,
And ponder Nature's power to restore.
The healing cells alert for battle pledge
Replacement of the flesh—no less, no more.
The deep intaglio of the burning knife
Is bridged until the eye can hardly find
A scar. The Author of the law of life
Performs in ways beyond the ken of mind.
I marvel at the wisdom of the cells—
The body from its bionomic flask
Pours living serum in the wound. It gels,
Restoring all that human hope could ask.
I marvel. . . ! How can Nature understand,
Once healing is complete, to stay her hand?

—Nicholas Lloyd Ingraham

sometimes to the patient's body) to prevent looping. Here, care must be exercised to allow the patient enough freedom to move without dislodging a tube as he does so.

Forceps and clamps are kept within reach for ready use in clamping off tubes when and if the need arises. In such an emergency as—for example—the breaking of a drainage bottle, its tubing could thus be clamped off immediately.

A frequent check is maintained on all I.V.'s to be sure the needle is intact and the infusion running properly. To keep the needle from being dislodged from the vein, the patient's arm is often strapped to an armboard, but in a way that the arm is not entirely immobilized.

An accurate record is kept of the patient's intake and output, with the character as well as the volume of all output duly charted.

Dressings are checked at least every half-hour, and any staining is reported at once. Meticulous observation and immediate report are especially important in the case of patients who have undergone thyroid or radical neck surgery; here, a hematoma is likely to develop under the dressing.

Safety straps are frequently used to prevent an unconscious patient from injuring himself through involuntary movements. In reacting, he may—for example—rip off a dressing or pull an intravenous needle out of his arm. If wrist restraints are deemed necessary, a gauze wrapping is applied first to prevent chafing of the wrists. Most children require elbow restraints—for they instinctively reach for their dressings when they react.

Involuntary movements, swallowing, and blinking presage the return to consciousness, with nausea and vomiting a common occurrence, especially among children. Precautionary measures should therefore be taken to prevent aspiration of vomitus and to keep dressings from being soiled. If machine suctioning is resorted to, a clean rubber catheter is obviously essential—with a basin of water handy for cleansing the suction tip.

Caution is necessary in suctioning the throats of patients who have had tonsillectomies; irritation of the operative area may cause bleeding or added discomfort. Similarly, with those who have had cleft palate repairs, one must be careful not to dislodge the packing by suctioning too far back in the throat.

Unless orders expressly indicate that the patient should not be moved, his position is changed frequently—even while he is still unconscious—to prevent pulmonary congestion and atelectasis. In most cases, the head of the bed is raised slightly as soon as he has fully reacted, and he is encouraged to cough, to take deep breaths, and to move about in the bed.

The coughing procedure—which must be carried out at least once an hour—is particularly difficult for those who have undergone surgery of the neck, chest, and abdomen; hence, artificially induced coughing must frequently be resorted to. Many recovery units are now equipped with a special machine, the Cof-flator, designed expressly for this purpose.

Following administration of a spinal anesthetic, the patient is required to lie flat in bed, with a small pillow for head support. All unnecessary pressure on his legs and toes must be avoided, and he must be watched closely for any decrease in blood pressure, as well as for reactions that might affect his motor or sensory return.

Bladder dysfunction is a common postanesthesia occurrence, and spontaneous urination is encouraged to prevent overdistention. Catheterization is preferably avoided.

Since most patients experience more or less pain in the operative area following the return to consciousness, their need for relief is invariably anticipated by doctors' orders covering the administration of a narcotic. Current practice, however, commonly calls for minimal dosage—to insure the cooperation of the patient in coughing, deep breathing, etc.; hence, if pain persists after such dosage, the physician should be notified.

As with any bedfast patient, undue pressure that might lead to skin irritations must be avoided. Again, constant check is indicated.

Emergency trays maintained in most recovery rooms include those needed for cardiac arrest, endotracheal procedures and tracheotomies, venous cut-downs, and bleeding tonsils and adenoids.

Not to be overlooked—nor in any way underestimated—is the need which almost all surgical patients have for psychological support during the immediate postoperative period. Thus, the responsibility of the recovery room nurse is by no means limited to bedside procedures, safety factors, and the relief of physical pain; all these can lose much of their value unless she also provides the kind of reassurance which will help the patient to develop a positive attitude toward the surgery just completed and an optimistic, confident outlook. "You'll be back on your feet in a very few days" may well be her favorite expression.

Generally speaking, the patient is transferred from the recovery unit to his own room or ward as soon as his condition permits—that is, after all vital signs are stabilized and postoperative infusions completed. En route, he is attended by a recovery room nurse, who supplies the charge nurse on his floor with a detailed report of his care and doctors' orders for further medication and treatment. « »

Thousands of words have been written about fire emergency procedures and most of them have been devoted to complicated and extensive evacuation planning. Too little attention has been given to handling a situation in the room or area where the fire starts.

Before we consider the evacuation of entire hospitals, floors, and wings, we ought to know what steps are necessary to remove one patient from one bed, and how best to extinguish a waste basket fire with a minimum of excitement.

To rescue patients who are in

Drawing on his experience in training nurses, a lieutenant in the Chicago Fire Department tells what steps should be taken . . .

When FIRE Strikes

by Robert McGrath

immediate danger, we need to know how to handle patients and how to combat fire. No one can predict the exact nature of an emergency, of course, but those who've had fire and removal training will adjust best to a difficult siuation. Actually, correct application of emergency patient removal and first aid firefighting techniques may eliminate the need for extensive evacuation. Only when the first two functions prove inadequate is there necessity for large-scale retreat.

For many years, various hospital safety experts have nonchalantly advised nurses to *move* patients if necessary. Some have suggested escorting patients to safety. This presents a considerable problem if, say, one in three patients is helpless.

Scores of nurses have talked to me about existing suggestions for handling patients. None of us thought much of them, and as far as solutions were concerned, we were not ashamed to acknowledge our ignorance. Working together over a period of weeks, we were able to design and adopt six basic emergency removals which have been tested and approved by nurses

▲ *The cradle drop*

in 124 hospitals in eight states.

We feel that any situation is covered by these basic removals or by a variation, combination, or adjustment of the original set of carries. A great deal depends, of course, on the number of nurses available, the nature of the emergency, and the condition of the patient.

Statistics reveal that 52 per cent of hospital fires occur at night when personnel ranks are depleted and many of the people who comprise the fire brigades are off duty. For the nurse who is apprehensive about being caught alone when fire strikes, two carries

◀ *Pack strap carry*

and one blanket drag have been devised.

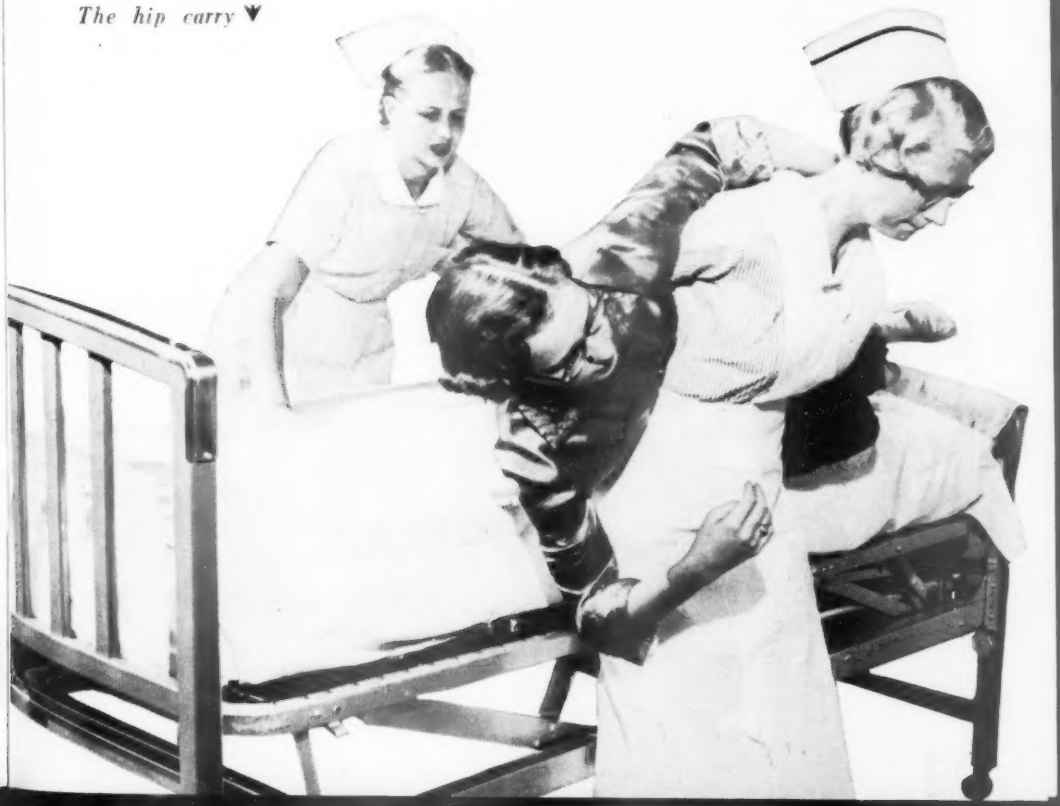
The *cradle drop* is used if the patient is too heavy to carry, if the bed is low, or if the patient is involved with fire. The nurse pulls the patient with both hands while pushing against the bed with one knee. Once removed to the blanket, the patient is then pulled from the room.

The *pack strap carry* is an old Boy Scout technique which has been adapted for hospital patients It enables a nurse to carry forty pounds more than her own weight with ease and is particularly useful for going through narrow spaces.

With the *hip carry*, the patient is carried on the nurse's hips. Several nurses have carried up to sixty-five pounds more than their own weight using this method.

If two nurses are available, or a nurse and an aide, they can carry any patient anywhere, using the *swing carry* (shown on the following page). A favorite among nurses, the method can be used in corridors, on stairwells and fire escapes, and in loading and unloading wheelchairs. It's an improvement on the old chair carry. The patient's weight is suspended from the shoulders of the nurses making the carry. Using the swing carry, nurses have carried 300 pounds in corridors and 200 on stairs and fire escapes. [MORE]

The hip carry ▼



The swing carry

In the *extremity carry*, which is useful for negotiating tight quarters, the patient is carried between two nurses in single file.

Three-nurse removal is similar to the three-man carry which is standard in first aid work. It is not a slide and then a pick and a turn, however. Using the principle that a body in motion tends to stay in motion, the slide, pick, and turn are a continuous motion. Nurses using this method do not go through a doorway in the usual side-step manner. Instead, they walk out obliquely, almost in single file. It's faster this way: three or four patients can be removed in the time it would take to remove one using the side-step procedure.

Eighteen other carries based on these basic six are illustrated and described in detail in "Emergency Removal of Patients and Firefighting in Hospitals," a manual available from the National Safety Council, 425 North Michigan Ave., Chicago, Ill. (Price $1.25 each.)

The extremity carry

Fighting fire

Fire is possible only when oxygen, heat, and fuel are brought together. Eliminate any one of these and we have no fire.

To deprive a fire of oxygen, we must actually smother it. This is

the best method for flammable liquids, grease, oil, or electrical fires. We might use a blanket, a carbon dioxide extinguisher, foam, sand, a fine spray of water particles, or even a newspaper. We simply stop the fire by depriving it of oxygen.

To deprive a fire of heat, we must lower the temperature below the ignition point. This is usually done by the application of water to the burning material. Actually, this cools the fire to a point where it will no longer burn. Applying water to flame will not solve the problem: it is necessary to drench the burning material.

Water is the best extinguishing agent for paper, wood, or textile fires. There are several devices for propelling water with force enough to penetrate to the seat of the fire. Nurses would be most apt to encounter the soda and acid extinguisher and the hose line in their working areas. They should be familiar with the characteristics and operation of each.

The soda acid extinguisher is a brass cylinder equipped with a short rubber hose and nozzle. It should always be placed on the floor first as a complete operation because nurses have been injured in attempting to procure and to carry it in one movement.

When it is on the wall, the heel of one hand should be placed against the ring at the top and the palm of the other hand should be placed underneath. Now the cylinder should be pushed upward about one inch until clear of the hook upon which it hangs. [MORE]

Three-nurse removal ▼

Next, lower it to the floor, where it is then ready for carrying.

The cylinder can be carried shorter distances by grasping the ring in one hand. It weighs thirty-five pounds and can get quite heavy if it is to be taken very far. On the customary smooth floors of the hospital corridor, it can be dragged upright with one hand. It slides very easily over the floor surface.

To use the extinguisher, stop at the threshold of the fire room or stop five feet in front of the fire. The water will shoot thirty to forty feet, but that is too far from the target. Now for the first time take the hose in one hand, grasp the ring on top with the other hand and tip the cylinder *toward* the fire until it is lying on its side. Right close to your knee, you will find a handle on the bottom of the extinguisher. Grip the handle on the bottom of it and lift the cylinder upright, so that it is standing upside down.

Move the hose back and forth while you wet down whatever is burning. Use the handle to carry the extinguisher to more advantageous points. If you can put out the fire with two or three quarts of water, it is not necessary to stand there for the average minute and discharge the whole contents. If the fire is out, return the cyl-

Depriving fire of oxygen

inder to its original upright position. Gas will continue to come out, but the flow of water will cease.

The hose line should be employed when one or two extinguishers cannot put out the fire. Hospital hose lines are usually seventy-five to 100 feet long. When one of them is to be used, it should be stretched out completely, either in a straight line or interlaced through the corridor so that it contains no kinks to interfere with the flow of water.

Three nurses are needed to operate the hose line. One should remain at the water outlet and open and close the valve as directed by the other two nurses. Each of these two assumes a position on either side of the hose line just behind the nozzle. If there is a good deal of heat coming from the room, the nurses should operate the water stream from a kneeling position, just outside the door. When the room has been cooled somewhat, the two nurses can operate from a standing position, moving the stream back and forth until the fire is out. The nurse at the valve then shuts off the water.

Never work with more water than you need or can handle. The nurse at the water outlet needs only to open the valve a turn or a turn and a half to her left. The flow of water tends to push the two nurses back, so they should grip the hose firmly and press it against the hip while keeping one foot forward as a brace. Hundreds of nurses have been trained in handling a hose line.

Depriving fire of heat.

We have discussed removing *oxygen* and then *heat* from the trilogy so necessary to sustain fire. Oxygen and heat alone will not support combustion without fuel. Separating fuel from the other two constituents is a little trickier, once joined. It might mean removing additional adjacent or adjoining combustible materials which can add support to the fire already going. It might mean moving gases, liquids, acids or powders from the fire area. One sure way to separate the fuel is to let it exhaust itself by burning out completely. Fire must continue to feed on added fuel or else it will eventually die of malnutrition. »»

The Changing Needs of People

by Lucile Petry Leone*

As we think together of the changing needs of people and our thoughts run to the designing of services, we remember that we—we nurses—are not alone. We believe that nursing, in addition to contributing its competence in caring for people, also makes a large contribution to the cohesive force that makes group action greater than the sum of individual actions.

We might start our thinking with fundamental health needs of the people. Through the centuries, people's fundamental needs probably have changed very little. They need care when they are ill. They need ways of preventing illness. They need health information they can use. But their perception of these needs, in themselves and by others, *has* changed and deepened. The great names of Koch, Pasteur, and Semmelweis were linked with these changes. We could name a long list of others. Understanding of cause-and-effect relationships changed man's concept of disease from a visitation by evil spirits to a belief that the factors causing him to be sick might be controlled. We credit biological sciences with many of the changes in *perception* of needs.

We credit the Christian-Judaic philosophy and its emphasis on the dignity of the individual human being with many of the changes in attitude about *whose* needs are to be perceived. The words, "the least of these, my brethren" and "my brother's keeper" were powerful influences on attitude. Now we speak of the right to health as a universal human right.

What we know in this generation as social science has also changed our perception of needs. The homely maxim "you can lead a horse to

*The author is chief nurse officer, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. From a paper delivered at Public Health Nursing Section program, 1956 American Public Health Association Convention.

water but you can't make him drink" is one of the concepts. Today, we strive to perceive man's emotional, spiritual, and intellectual needs as well as his physical needs. We strive to see how all these are related.

Changed perceptions of needs even find their way into political platforms. Witness the attention given to the needs of old age in the last campaign.

Along with changed perception have come changed expectations of the extent and manner in which needs can be met. The concept of rehabilitation — of restoring the sick person partly or fully to his former state of good health—has changed both perceptions and expectations. I do not know whether the availability of rehabilitation techniques caused us to expect to be able to meet these needs, or whether the needs prompted us to develop the techniques. I think the pattern in meeting needs is something like this: someone perceives a need and works to find a way to meet it. Finding a way, he demonstrates that it is useful. Seeing the demonstration successful, others perceive their own needs and ask for the same services. Then these services multiply and become organized to reach vast numbers of people.

In these times of rapid communication, this process is telescoped. For the polio vaccine, first we had the small trial, then the larger trial, then the general vaccination program—a much faster process than in the fight against smallpox.

In the 1920's, when the need was to cure a fever, we used the alcohol sponge. In the 1930's, we had the antipyretic drugs to reduce fever. In the 1940's, we had the antibiotics to destroy the infection causing the fever. Science changed the expectations of people. [MORE]

When our grandparents were young and the need was to save the sick child, they could not always meet it. Families could not really expect that all the babies would live and grow up. The expectation was occasional failure—some would die. Then came new knowledge and the public health nurse with her horse and her flivver. Health education came into the school and college. And now there is a wealth of information on child health in books, pamphlets, magazines, and on TV programs.

What we learn intensifies perception. Sensitivity to need intensifies the search for knowledge. And so it is our perception of need and our expectation of meeting it that change, rather than need itself.

The task of the nurse is to see people's needs and to see their perception of their own needs—then to interpret these perceptions to others who join in meeting needs. In this process the nurse and other health workers must also perceive how their own needs, for example—their emotional needs—affect their understanding and their actions in meeting needs of others. The task of the nurse is to participate in the development of realistic expectations on the part of people whose needs are to be met.

Is it *where* people have their needs met—inside hospitals or outside hospitals—that determines that the nursing given is public health nursing? Or is it *what service* they receive—curative or preventive—that determines that the nursing given is public health nursing? Or is it the *type of agency* to which people go for help that determines which type of nursing they receive? Or is it the purpose for which a person seeks help—therapeutic, preventive, health teaching?

No one of these four—where, what nature, which agency, what purpose—distinguishes completely the nursing services that are clinical from those that are public health. Nurses in hospitals are giving more and more health information to their patients and to their patients' families who visit them: this is part of the therapy in which the nurse participates. And nurses in public health agencies are doing more clinical nursing as greater numbers of patients with chronic diseases are cared for in their own homes.

The service a nurse gives in a physician's office is likely to be called clinical nursing. She may be doing exactly the same things the public health nurse does in a well-baby clinic.

And so we see the cleavage fading and becoming dimmer. Rehabilitation, self-help, and early ambulation are adding the coloring of what was once considered public health nursing to clinical nursing. And the care of patients with chronic diseases is giving clinical

coloring to public health nursing. I do not think that these new shades and tones of the 1950's mean that in the future all nurses will be both clinical and public health nurses; some of the old distinctions are merely disappearing. It is not likely that the differences in major emphases will disappear. The implication of the new colorings is, I think, that nurses in hospitals and nurses in public health agencies have need to learn from each other, to learn together, and to work together in group action. This is one of the cooperative groupings of health workers which facilitates the effective meeting of people's health needs.

Let us analyze the three fundamental needs of people: 1) care when sick; 2) preventive services; and 3) usable health information. Nurses join in group action toward meeting these needs. I'm concerned with those needs which public health nurses meet. Our perception of the needs for care when sick includes the need for early diagnosis. Screening, case-finding, tracing contacts—community health surveys, epidemiological studies of populations, dissemination of knowledge of danger signals—these

PROBIE

"HOLD IT — I CAN'T FIND YOUR EMESIS BASIN"

are some of the activities of public health in which nurses participate in varying degrees.

Many people are helped to seek and accept medical care besides those with whom specific public health activities are immediately concerned. For example, a nurse was searching for evidences of genetic abnormalities as part of a community survey. She found a family whose troublesome symptoms were traced to the presence of an unusual type of intestinal worms. The epidemiological study that resulted from this discovery brought about a change in the methods used in the sewage treatment plant where the father of this family was working. So a source of infection endangering a much larger group of people than she knew was eliminated.

In my unguarded moments I sometimes think that some "programs" are just excuses to get public health nurses into family settings, to circulate in a community, and once circulating, they find what needs to be done and do it whether related to "program" or not.

Perfecting alertness

Another major instigation of the search for an early diagnosis is in the observation by the public health nurse of members of the family of the person she cares for. The public health nurse is always what the sociologist would call an "instrumentality of early diagnosis" whether or not case-finding is the object of her current activity. Her education must perfect alertness.

I mentioned our grandparents' expectations for their children. Their usual expectation for the boy or girl who did not show normal intelligence was failure; their attitude, shame or disgrace. We now know that quite a number of children who seem to be mentally retarded can be rehabilitated. In many cases, with intensified, personal nursing care, good home care, and love and affection, they can be brought to what we consider ordinary intelligence. The public health nurse's perception and alertness help find retarded children who have this potential. The finest kind of group action takes place when schools and the health professions work together for these children.

The need for care when sick is perceived also as a need for teaching a family to give that care which is within its capacity. It includes also the provision of relief from responsibility for care when the responsibility is too heavy. Here the public health nurse needs fine judgment of the family's capacity to care for patients at home including the family's emotional capacity. Then, too, the patient's needs for care can sometimes be met increasingly by himself, this is a part of his therapy. Supervision of other personnel, trained practical nurses,

for example, increasingly becomes one method of meeting the need for care at home.

Rehabilitation as a need

The needs for care include rehabilitation to the point of the best recovery possible. Needs for rehabilitation include those of persons with disability with which they have lived for some time. The public health nurse finds these people, holds out new hope, and supports the will to seek help on the part of the disabled and family. She either puts the person into the channels herself through which help can come or refers him to someone who will. She gives support to the person and family during the rehabilitation process and ultimate adjustment. This calls for knowledge of what conditions yield to what degree of rehabilitation, and of facilities and of how these may be utilized. It means continued contact with the person undergoing rehabilitation and his family in an attempt to help with constructive attitudes of support.

For some patients the rehabilitation process is guided entirely by the public health nurse herself. Many nurses may have enough ingenuity to play this role—a solo one, by necessity, in some cases but there are techniques that can be learned. Every nurse should know how to teach patients and families the aids to daily living. These should be learned in basic nursing education and in in-service training.

I was speculating one day about how much difference it would make to the millions who are bedridden if every nurse in the U.S. knew how to teach them the aids to daily living. Many nurses know; but how can we reach all the others, including each new group of students? That day I heard a distinguished speaker describe a successful experiment in teaching high school physics by television and read a report of teaching the Red Cross home nursing course by television. Here, it seemed to me was a subject—aids to daily living—which lent itself to that fabulous medium we are only now learning to exploit as a means of meeting needs professionally perceived.

Community action

Another need for rehabilitation is found among the recently ill who were among the patients for whom rehabilitation was not considered a part of therapy and for whom facilities do not exist. Here is a community problem in which the public health nurse joins other community leaders in action. She needs specific knowledge of desirable objectives of community action, particularly if she is in a position of leadership.

More and more often we see

continued on page 86

by Morton J. Rodman, Ph.D.

Today's surgeon asks for more than analgesia when he asks for . . .

Anesthetic: general–Purpose: specific

When he is about to undergo surgery, the patient's only concern with his anesthetic is this: will it keep him from feeling pain during the operation? Analgesia — reduced pain sensibility — is indeed an important property of anesthetic agents; but the objectives of modern anesthesiology have been broadened far beyond mere pain prevention.

The anesthesiologist is concerned mainly with ways of minimizing changes in the patient's vital functions during anesthesia. By means of newly developed drugs and techniques that help control the patient's breathing, blood flow, muscle tone, and metabolism, the anesthesiologist seeks both to meet the surgeon's needs and to maintain the patient's physiological state at its optimum.

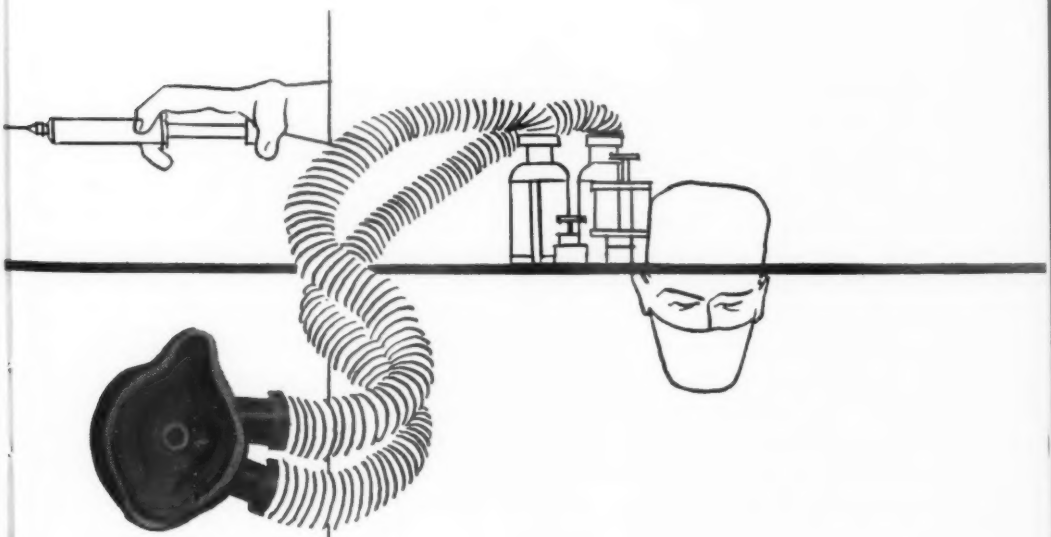
Accomplishing these objectives requires a thorough understanding of physiological functions and how drugs may best be used to alter them favorably. The anesthesiologist must be able to choose the anesthetic best suited to the patient and the operation. Some procedures call for the judicious use of

a single anesthetic in minimal amounts; others can be carried out only by skillful administration of combinations of several drugs before, after, and during the operation.

While the anesthesiologist may utilize many different drugs that act on various organs and structures, the overall effect of a general anesthetic is the result of a progressive depression of the central nervous system. Depending upon the dose of the drug and the concentration built up in the nervous tissues, an anesthetic may produce varying degrees of depression, from mild sedation and reduced pain perception through profound muscular relaxation; even death may result from respiratory depression.

Fortunately, such central depression is marked by a characteristic sequence of signs and symptoms. This enables the experienced anesthetist to determine the depth of anesthesia and to adjust it to the level desirable for each surgical procedure. Recognition of the typical danger signs minimizes the danger of overdosage.

The syndrome that occurs upon inhalation of vapors of volatile liquids (such as ethyl and vinyl ether) or of the anesthetic gases (cyclopropane, ethylene, and nitrous oxide) has been subdivided into a series of stages and planes. This standard system is based upon the presence or absence of various reflexes, the character of respiration, changes in pupillary size, and other signs. Each successive stage reflects the spread of depres-



sion from higher nervous centers to lower areas. Recovery occurs in reverse when the anesthetic level in the nervous tissues is lowered.

The first stage of anesthesia extends from inhalation of the first breath of a volatile anesthetic until consciousness is lost. This stage is marked by disturbance of the functions of the cerebral cortex, manifested by visual and auditory hallucinations, feelings of floating or falling, and other derangements of sensory function. First, numbness and loss of skin sensation occur; presently, there is a complete loss of sensitivity to pain.

Until recently, the use of first stage anesthesia was limited to relief of labor pains and to analgesia for a few minor surgical procedures, such as changing of burn dressings. Lately, however, various major operations, including cardiac surgery, have been performed in the first stage of anesthesia. With careful administration of low concentrations of anesthetic gases,

the patient may be able to obey commands and cooperate, yet remember nothing later of the painful procedures.

The second stage of anesthesia is characterized by involuntary muscle movements, excitement, and even delirium—the result of releasing lower motor centers from inhibition by higher cortical areas knocked out by the anesthetic. No operative procedures are ever attempted during this most dangerous stage of anesthesia. Every effort must be made to take the patient down to deeper levels rapidly and smoothly. This is the basis for the use of "preanesthetic" medication, including the narcotics, morphine and meperidine (Demerol); the belladonna alkaloids, atropine and scopolamine; and the barbiturates, pentobarbital (Nembutal) and phenobarbital. The "basal" anesthetics, such as the intravenously administered, ultrashort acting barbiturates, thiopental (Pentothal) and hexobarbital (Evipal), are also employed to bring about rapid, relatively pleasant induction of anesthesia.

The third, or "surgical" stage of anesthesia begins when excitement ceases and the irregular respiration of the previous stage return to normal. This stage is commonly subdivided into four planes, the second of which is preferred for performing most surgical operations. Here, depression of the spinal cord is sufficient to bring about relaxation of skeletal muscles (including those of the abdominal wall) without altering respiration, which remains full and regular.

[MORE]

Further deepening of anesthesia results in gradual paralysis of the chest muscles and, finally, depression of the diaphragm.

Complete paralysis of these muscles and cessation of even abdominal respiratory movements marks the onset of the fourth stage. Failure of the vital respiratory and vasomotor centers in the medulla oblongata at this time can lead to death very quickly. Immediate withdrawal of the anesthetic and application of resuscitative measures are essential. Of course, anesthesia should never be allowed to go this far—nor, indeed, much beyond the second plane of the surgical stage—unless the lungs are being aerated by mechanical means.

It is now possible, even with the patient in the higher planes of anesthesia, to obtain the deep muscular relaxation required for certain abdominal operations. Curare and other non-anesthetic skeletal muscle relaxants, when administered as adjuncts to anesthesia, act peripherally, to lessen the amount of central depressant required to reduce muscle tone.

Changes in the character of the respiratory movements and certain ocular signs tell the anesthetist that it is time to lighten the anesthesia. A decrease in the depth of chest movements, accompanied by a

continued on page 92

ANESTHETICS (GENERAL

CLASSIFICATION*
1. *Volatile (Inhalation) Anesthetics* (a) *Liquids* with Volatile Vapors
(b) *Gaseous* Anesthetics
2. *Basal Anesthetics* (Non volatile; Administered intravenously or rectally, usually in doses adequate for rapid induction but not for deep surgical planes of anesthesia)
3. *Adjuncts to Anesthesia* (a) Preanesthetic Medication (Some used also postoperatively)
(b) Skeletal Muscle Relaxants
(c) Non-anesthetic Gases

*According to method of administration;

AND BASAL) AND ADJUNCTS TO ANESTHESIA

OFFICIAL, GENERIC, OR CHEMICAL NAME	COMMERCIAL NAMES OR SYNONYMS
1. Ether U.S.P. (Diethyl Oxide)	Diethyl Ether; Ethyl Ether; Sulfuric Ether
2. Vinyl Ether U.S.P. (Divinyl Oxide)	Vinethene; Divinyl Ether
3. Chloroform U.S.P. (Trichlormethane)	
4. Ethyl Chloride U.S.P. (Monochlorethane)	Kelene; Anodynon; Narcotile
5. Trichloroethylene U.S.P. (Trichloroethene)	Trilene; Trethylene
1. Nitrous Oxide U.S.P. (Nitrogen Monoxide)	Laughing Gas
2. Ethylene U.S.P.	Ethene; Olefiant Gas
3. Cyclopropane U.S.P. (Trimethylene)	
1. Tribromoethanol Solution U.S.P.	Avertin with Amylene Hydrate
2. Ultra-short Acting Barbiturates	
a. Thiopental Sodium U.S.P. (Thiopentone)	Pentothal Sodium
b. Hexobarbital Sodium N.F. (Hexobarbitone)	Evipal Sodium
c. Thiamylal Sodium	Surital Sodium
d. Thialbarbitone Sodium	Kemithal Sodium
e. Methitural Sodium	Neraval Sodium
3. Steroid Anesthetic: Hydroxydione	Viadril
Depressants:	
Morphine salts U.S.P.	
Meperidine Hydrochloride U.S.P.	Demerol, Pethidine; Dolantin
Barbiturates	
ex: Pentobarbital Sodium U.S.P.	Nembutal; Pental; Embutal
ex: Amobarbital Sodium U.S.P.	Amytal Sodium
ex: Secobarbital Sodium U.S.P.	Seconal Sodium
Anticholinergics	
Atropine Sulfate U.S.P.	
Scopolamine Hydrobromide U.S.P.	Hyoscine Hydrobromide
Miscellaneous	
Chlorpromazine Hydrochloride U.S.P.	Thorazine Hcl
Promethazine Hydrochloride N. F.	Phenergan Hcl; Lergigan
Combinations of all the above	
Tubocurarine Chloride U.S.P. (d-Tubo.) and other Curare Derivatives	Tubadil, Tubarine
Gallamine Triethiodide N.N.R.	Flaxedil Triethiodide
Succinylcholine Chloride U.S.P.	Anectine; Quelicin, Sucostrin
Decamethonium Bromide	Syncurine; C-10
Benzoquinonium Chloride	Mytolon Chloride
Oxygen, Carbon Dioxide, Helium	

physical, chemical and pharmacological properties

NEWS

NLN Convention Theme: Improved Nursing Care

More than 7,000 nurses, students, representatives of allied groups, and interested lay citizens are expected to attend the third biennial meeting of the National League for Nursing in Chicago, May 6-10.

Under discussion will be education's role in helping to meet mounting demands for more nursing service caused by a growing and aging population, increased number of beds in hospitals and nursing homes, and community nursing care because of more rapid return of patients to their homes.

Keynoting the five-day meeting, which has as its theme "Good Nursing Service, Sound Nursing Education, and Active Citizen Participation," is Dr. Howard Thurman, dean of the chapel, Boston University. His subject is the responsibility of the professions to society.

Another speaker at the general sessions of the convention will be Major William E. Mayer, instructor in neuropsychiatric procedures at the Army Medical Service School, Fort Sam Houston, Texas. Major Mayer is the author of several articles on communist techniques of brainwashing, and he emphasizes the need for developing convictions about principles of democracy in individuals which enable them to withstand communist indoctrination methods.

ANA Wants R.N.'s Among Top Brass in Armed Forces

Chief nurses in the Army and Air Force will be brigadier generals and the chief nurse in the Navy will be a rear admiral, if the American Nurses Association has anything to say about it.

Agnes Ohlson, ANA president, recently urged in Washington that she would like to see ladies among the top brass in the Armed Forces. Miss Ohlson testified in support of H.R. 2460 which provides an increase in the number of nurse officers permitted the ranks above captain and lieutenant, stating that this would improve career opportunities and encourage enlistments in the nurse corps.

"The present provisions for promotion and retirement of nurse officers are not in line with the responsibilities discharged by members of the nurse corps," Miss Ohlson said. "Nor are they sufficient

to attract and hold the numbers of qualified professional nurses needed to maintain the authorized strength of the corps. Enactment of H.R. 2460 would in some measure correct the present inequities and thereby make military nursing a more satisfying career."

In urging higher ranks for chief nurses, ANA pointed out that such action would bring them in line with ranks now held by members of the commissioned corps of the U.S. Public Health Service.

Catholic Schools Provide Third of Graduate Nurses

Catholic schools of nursing are turning out one-third of all the graduate registered nurses in the nation, according to Margaret Foley, secretary of the National Conference of Catholic Schools of Nursing.

The nation's 322 Catholic nursing schools are providing a higher percentage of professional people, says Miss Foley, than Catholic schools in "any other phase of education." Fully accredited Catholic nursing schools increased 33 per cent during the last year.

Commenting on the acute nursing shortage all over the country, Miss Foley pointed out that hospitals could be fully staffed if seven per cent of all high school girl graduates chose nursing as a career. At present the percentage is fluctuating between six and seven per cent.

Detroit School Offers Several Nursing Grants

Three graduate teaching fellowships and several U.S. Public Health scholarships will be offered by Wayne State University's College of Nursing during the 1957-58 academic year.

Two fellowships are offered for nurses who wish to prepare for teaching in medical-surgical nursing and one is offered in nursing service administration. Nurses awarded the fellowships spend twenty hours a week supervising basic degree students in their clinical practice under direction of the department head. The other half of their time is spent studying at least eight hours a semester toward a Master of Science degree in nursing.

Nurses must be eligible for graduate work and have several years experience in nursing education or nursing service. Stipend is $2,018

for the ten month academic year. Tuition and non-resident fees are waived during the fellowship.

A number of U.S. Public Health scholarships in psychiatric nursing will also be available during the coming academic year. Programs cover the fall and spring semester and one summer session. Students enrolled in the bachelor's program study teaching and administration in psychiatric nursing and receive a grant of $2,000. Graduate students receive $2,400.

Special consideration will be given to nurses applying before May 15, 1957. For information and applications, write Dean Katherine Faville, College of Nursing, Wayne State University, Detroit, Michigan.

Drugs Bring New Approach To Psychiatric Nursing

Psychiatric nurses will play a key role in the nation-wide study of tranquilizing drugs which was started not long ago in Veterans Administration hospitals. They'll work with psychiatrists in rating the changes in behavior of patients receiving the drugs.

The use of such drugs to bring patients back into contact with reality is largely responsible for a change in the entire role of the mental hospital and its staff, and has brought about a new approach in VA hospitals to psychiatric nursing.

"Disturbed behavior of mental patients," says Cecilia H. Hauge, director of nursing service at the

VA central office in Washington, "has been reduced drastically, as has the need for wet sheet packs and continuous tub baths to calm patients, and for electric and insulin shock treatment."

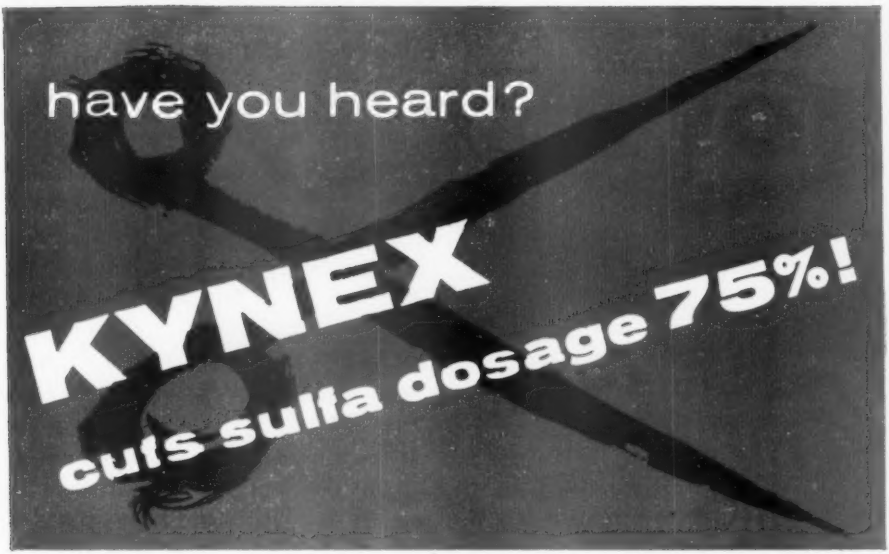
As a result of "revolutionary changes" taking place in VA mental hospitals, research is one of many new opportunities offered psychiatric nurses by the VA, according to Miss Hauge. Psychiatrists are using the nurse's contacts with patients as part of the therapeutic program of the hospital, and the nurse goes with patients for their recreation and other therapeutic activities.

AORN Elects Officers

The Association of Operating Room nurses elected officers at their fourth national congress in Los Angeles. Chosen president was Miss Pauline Young, Philadelphia; vice-president, Miss Frances Reeser, New York City; secretary, Mrs. Mary Kreitz, Los Angeles; treasurer, Mrs. Ann Dodge Sasse, New York City. A board of directors also was elected, and Miss Edith Dee Hall was named executive secretary.

ABOUT PEOPLE

For outstanding leadership and achievement in nursing, the Mary Adelaide Nutting Award has been presented to *Nell V. Beeby*, retiring executive edtior of "The American Journal of Nursing." Earlier recipients have included Adelaide Nutting, Isabel Stewart, Annie Goodrich, Stella Goostray, Mary M. Roberts, and Frances P. Bolton. Groups honored have been the International Council of Nurses and the Maternity Center Association of New York . . . *Jeanette V. White*, who was appointed editor of the AJN last year, died suddenly at her home last month . . . New executive director of The Journal Company, which publishes AJN, is *Pearl McIver*. She'll assume the new post next August . . . *Rose A. Coyle*, director of nursing, Margaret Hague Maternity Hospital, Jersey City, N.J., retired in March. Her successor is *Ruth A. Watters*, former director of nursing education.



It's true! 2 tablets of KYNEX will do the work of 8 tablets or more of other sulfas. An entirely new single sulfonamide, KYNEX means less sulfa dosage for you to administer, fewer sulfa doses for the patient to take. One tablet twice a day is all that is required in the average case.

KYNEX is more convenient to handle. Clinical tests have already shown KYNEX to be particularly efficient in the treatment of urinary tract infections. Doctors will prescribe these quarter-scored, peach-colored 0.5 Gm. tablets that offer so many advantages over previous sulfas.

Your Lederle representative has more information for you concerning this important new advance in sulfa therapy.

KYNEX*

Sulfamethoxypyridazine Lederle

Lederle LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, N.Y.

*Reg. U. S. Pat. Off.

EDITORIAL

continued from page 35

cussed with the ANA and the League their organizational needs and aspirations. The NLN finally referred them to the ANA and the ANA could offer them only less than section status.

In 1954, the first national meeting of the AORN local units was held in New York City. It was an instantaneous success. The following two national conferences were held in St. Louis and Boston, which gave additional proof that no existing national nursing organization could give them the caliber of program that they could provide for themselves.

The answer to the long-pending question as to whether the AORN would eventually become a bona-fide national association, complete with national constitution, bylaws, dues, officers, board of directors, and executive secretary* was dependent upon the ANA's next step.

At the ANA Biennial in 1956, intersectional conferences for OR nurses were approved. The OR nurses wanted a section on district, state, and national levels with sufficient budget and autonomy to continue the kind of service programs they believed they needed.

In June 1956, following the ANA Biennial, AORN representatives met with ANA representatives

*Edith Dee Hall, executive secretary, AORN Headquarters, 305 W. 18th St., New York, N.Y.

to explore the possibility of the AORN becoming an affiliated ANA group, similar in organizational pattern to the autonomous relation of the American College of Surgeons to the American Medical Association. This request was denied.

At its fourth national congress in Los Angeles this past February, over 1600 OR nurses heard that their delegates had answered the question. The AORN no longer is a loosely allied group of some eighty units headed by a national planning committee; it is now a national association. However, this association is not in opposition to, or in conflict with, any other professional association. Dual membership in the AORN and the ANA OR sections and intersectional conferences is permitted members.

Whether or not this is a judicious step remains to be seen. Possibly enlightened educational programs in the form of institutes, workshops, university courses, and qualified consultants could, in time, have satisfied the OR nurses' unmet needs. But then again, if the OR nurses had not collectively sought forum provisions for themselves, would any of the established professional associations have provided it for them?

The organizational patterns of the OR nurses at the present moment resemble nothing as comprehensible as a jigsaw puzzle. A nurse in the operating room is eligible: to belong to her state nurses' association operating room section if the state permits such a section; to participate in an intersectional conference if she is a member of an SNA without an OR Section, and on a national level if one is formed; to participate in the American College of Surgeons' regional meetings when nursing programs are included; and/or she may now join the new AORN through a local unit, or join the national directly by paying national dues of $1.00. It is a "puzzlement" as to which and how many to join.

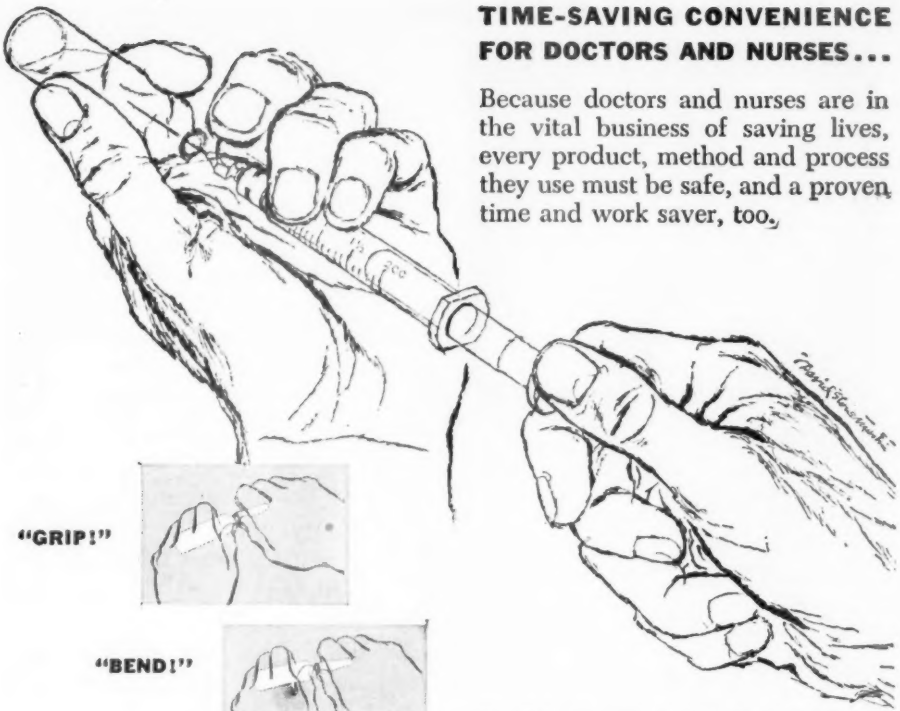
Interestingly enough, with all the organizational confusion, there has yet to be heard a serious complaint of duplication of programs. It would appear that there is much to catch up with and much more to learn before criticism in this quarter is verbalized.

Criticism of another nature, however, has been leveled at the AORN group. Since the first national meeting, charges of "commercialism" have been hurled at its members. Are there bases for these accusations?

Yes, the AORN *is* guilty of attracting the interest and moral support of the leading surgical supply, equipment, and pharmaceutical companies. Four hundred exhibitors attended this last congress. In the past, one company supported an OR department in *Hospital Topics*, a hospital magazine, to provide space in which the AORN members could exchange ideas and have their convention procedures published. Another company publishes *ORS*, a

TIME-SAVING CONVENIENCE FOR DOCTORS AND NURSES...

Because doctors and nurses are in the vital business of saving lives, every product, method and process they use must be safe, and a proven time and work saver, too.



...and your ampul is ready to use!

Kimble COLOR-BREAK® Ampuls fill these vital requirements. Grip! Bend! Snap! Opening a COLOR-BREAK Ampul is that easy. No filing. No scoring. No sawing. Ready for immediate use.

Solutions sealed in COLOR-BREAK Ampuls can't be tampered with; they're kept as pure and sterile as the day they were packaged. COLOR-BREAK Ampuls are made of Neutraglas, Kimble's famous formula, which has the highest resistance to chemical attack of any "workable" glass in existence.

Many producers of parenteral solutions are using Kimble COLOR-BREAK Ampuls exclusively. You can recognize them by the distinctive blue band around the neck of the ampul. Be sure to look for it. Kimble COLOR-BREAK Ampuls are made by Kimble Glass Co., a subsidiary of Owens-Illinois.

KIMBLE COLOR-BREAK AMPULS
AN (O) PRODUCT

OWENS-ILLINOIS
GENERAL OFFICES • TOLEDO 1, OHIO

house organ type magazine which is sent free to all OR supervisors, but at no time has this group accepted financial assistance from any of these.

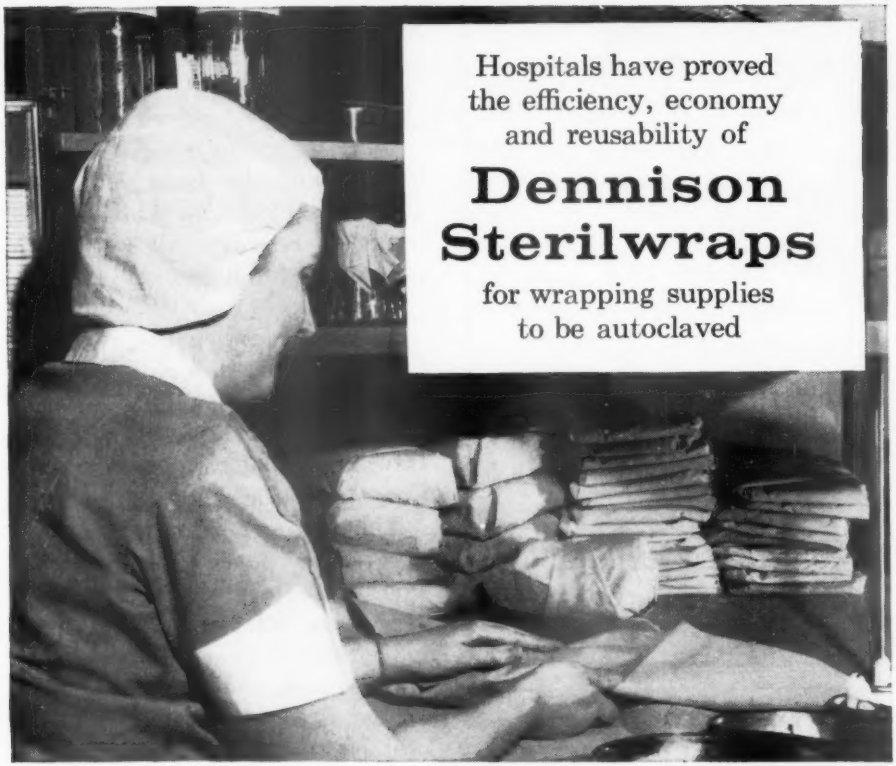
The bill for the annual congresses is paid for by the revenue received from the sale of exhibit space. Also, at the conclaves, a few companies vie with each other to entertain the group—sometimes rather lavishly.

Whether or not a combination of these may turn the OR supervisor's head to give the nod to the right detail man is a matter of individual professional conscience. It is natural that a group seeking help will gravitate toward those who are willing to give that help. But it is not natural that a specialty group in nursing must find recognition of its status and prestige outside its own profession—from surgeons and detail men.

Now that the national AORN has been formed, there will doubtlessly be an acceleration of criticism. Before it starts, the ANA and NLN should do a little breast-beating for its own failure to recognize and treat the overt signs and symptoms before this full-blown condition occurred.

We can anticipate one thing in nursing—that professional splinter groups will continue to break off and start new associations when their motivation becomes strong, their numbers large, and so long as unpliable nurses and rigid organizational structures are teamed.

—ALICE R. CLARKE, EDITOR



You can try them at our expense

STERILWRAPS are the original, wet-strength crepe paper wrappers designed to meet the exacting specifications required in wrapping hospital supplies for sterilization.

STERILWRAPS OFFER THESE OUTSTANDING ADVANTAGES:

More efficient than muslin or other papers. Exclusive two-way creping process gives Sterilwraps cloth-like handling properties. No new wrapping techniques to learn.

Minimum cost with maximum safety. Sterilwraps are reusable. No maintenance costs — no cutting, folding, mending, laundering.

Longer shelf-life for supplies after they are removed from the autoclave.

Tested and proved. Many hospitals have demonstrated the value of Sterilwraps in their Central Service.

Report of tests by well-known school of public health available on request.

WRITE for free Sterilwrap samples and test them in your hospital. Indicate items you want to wrap.

Dennison
Manufacturing Co., Dept. R 278
Framingham, Mass.

SURGICAL MEETINGS

continued from page 45

tal tours and the special demonstrations of the heart and lung pump, the artificial kidney, and tracheotomy care—all of which played to a full house.

The peaks of the AORN congress were reached when the attending delegates voted in a national association (see this month's editorial report), and at Ethicon's fabulous Hawaiian Luau at Los Angeles' Coconut Grove.

The nurses' portion of the ACS program included panel discussions on thoracic surgery, the care of patients with burns, symposia on improving the care of the aged surgical patient, and the management of the patient in the immediate postoperative period. A problem clinic on recovery rooms at both conventions supplied R.N. with a wealth of material for this month's recovery article.

The AORN program more specifically concerned the O.R. nurse. The topics were primarily clinical —such as surgery of the newborn, homologous serum and infectious hepatitis, cardiac arrest, hypothermia in surgery—and on subjects in the problem areas of this specialty, such as safety in the O.R., looking into the future for O.R. nurses, "headaches" in the O.R., the value of patient care in postanesthesia units, sterilization of supplies, and a session devoted to the very important O.R. problem clinic. «»

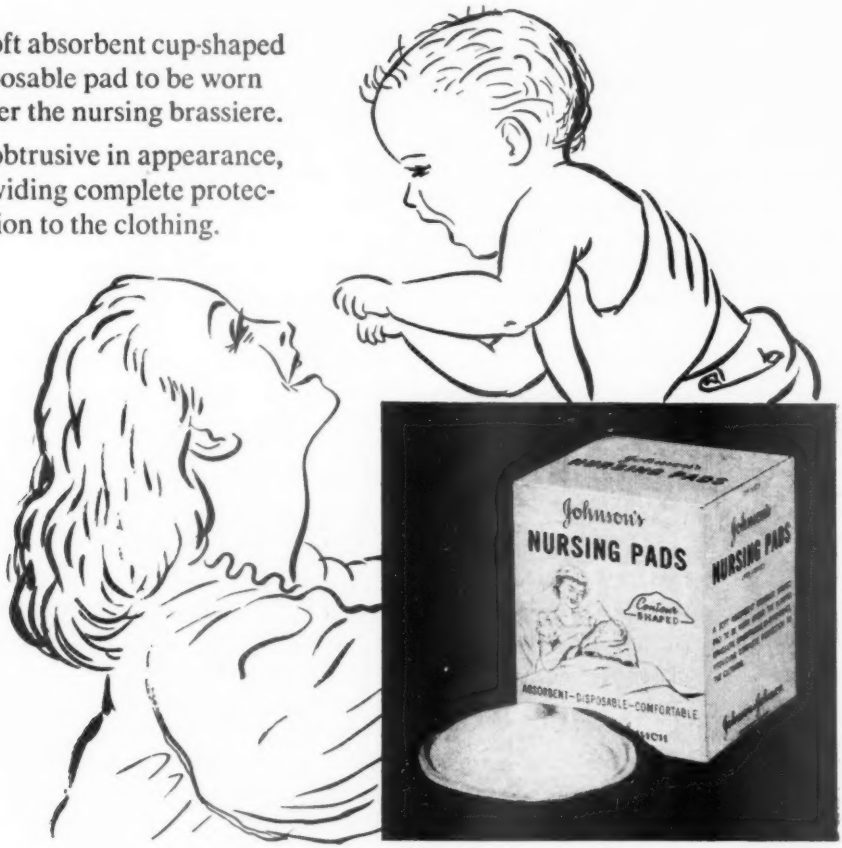
NEW

Johnson's-
contour-shaped
disposable

NURSING PADS

A soft absorbent cup-shaped disposable pad to be worn under the nursing brassiere.

Unobtrusive in appearance, providing complete protection to the clothing.



ANOTHER QUALITY PRODUCT FROM THE RESEARCH LABORATORIES OF

Johnson & Johnson

CHANGING NEEDS

continued from page 65

these services given to ambulatory patients in physicians' offices, clinics, out-patient departments, health units in industry and schools, and in patients' own homes. Transportation to bring patient and services into contact is essential. Once the doctor and nurse were the ones on wheels; now the patient and his family are frequently wheelborne.

Among the ambulatory patients who come to public health nurses' attention are those who have had mental illness and require follow-up care after leaving mental hospitals; and those who are treated for tuberculosis without hospitalization. From the trend of medicine, it seems certain these needs will increase and that public health and public health nurses will expand and adjust their services to meet them.

Needs for preventive services are met by many of the same methods already mentioned. Early diagnosis reveals one condition and treatment ameliorates that and prevents another. Immunization is classic. A field still not effectively exploited for its preventive values is nutrition. Weight reduction is emphasized, perhaps as much by the glamorizers as the physician, but protective foods are not. For example, less than one-fifth of the women in a study of diets in Iowa and South Dakota were using the

amount of calcium recommended by the National Research Council.

Mental health principles have found their way into the popular press, including the comics, to some advantage. Our own application of principles remains amateurish. Programs to maintain the health of men and women in their later years are in prospect and promise delay in physical and mental deterioration. Control of environmental hazards to health is approaching a new boom.

People need health information which is practical and usable. We assume that most of this information should be directed toward healthful living with advice to seek medical assistance at threats of ill health. It would be wonderful if all health information had built into it criteria for judging its soundness, but that, I suppose, is a separate need which would only be met by more health information. The easy communication of information by radio, TV, and the printed page and the motives of advertisers make it essential to judge and select wisely. The articles and columns on health subjects appearing in the better newspapers and magazines are steadily improving as competent writers who can interpret complex material in an interesting way find more and more to attract them to this field of writing.

Putting health information into practice often entails changes in behavior. Research on social change shows that it is extremely hard to change human behavior. Perhaps research will give clues to more effective ways of inducing change, self-motivated change. For example, just how would we go about changing behavior which one writer calls "addiction to success"—behavior we suspect is related to gastric ulcers and coronary thrombosis?

Nurses need information too. I listened to a group of nurse consultants sharing ideas in a staff meeting recently and heard several sentences beginning, "I find nurses looking for." Among the words completing the sentence were:

"Good information about outpatient departments, especially how

an important first step in the care of the infant's skin

DESITIN®

OINTMENT

No other product is more effective in healing the baby's skin and keeping it clear, smooth, supple, and free from

diaper rash • dermatitis • intertrigo
heat rash • chafing • irritation • excoriation

Soothing, protective, healing[1-5] Desitin Ointment — ***rich in cod liver oil*** — is the most widely used ethical specialty for the over-all care of the infant's skin.

May we send ***samples*** and literature?

DESITIN CHEMICAL COMPANY, Providence, R. I.

1. Grayzel, H. G., Heimer, C. B., and Grayzel, R. W.: New York St. J. Med. 53:2233, 1953. 2. Heimer, C. B., Grayzel, H. G., and Kramer, B.: Archives of Pediatrics 68:382, 1951. 3. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surgery 18:512, 1949. 4. Sobel, A. E.: Scientific Exhibit, A.M.A. Meet. 1955. 5. Marks, M. M.: Missouri Med. 52:187, 1955.

Tubes of 1 oz., 2 oz., 4 oz., and 1 lb. jars.

to capitalize on their value for health education and preventing illness."

"Information on home care programs."

"A guide to simple rehabilitation methods we can use for a bedridden patient."

"Good material on caring for the aged in their own homes with or without family."

"Something to show Indian families how to keep flies out of their houses and keep their drinking water safe."

As I listened I realized how closely information materials are related to group action. To help the Indian families of the Southwest to better health, we must try the whole range of approaches—clinic and hospital care, chemotherapy, personal contacts and home visits, group meetings, posters, pamphlets, slides, movies, and other audiovisual presentations—and not just once but over and over again.

Nurses can help meet timely needs for simple, authentic, persuasive information. More imagination and more flexibility in cooperating with writers and artists and health educators will increase the readability and magnetism of information materials both for people themselves and for the nurses who use them.

People need workable health information. Nurses discover these needs. They help fill these needs by talking (not too much talking), by leading people to sources of information, by helping people judge information, by creating usable materials, by exemplifying health principles, themselves, by interpreting needs to others who can fill them effectively, by working to keep channels of communication smooth, by working to improve the journalism of health. They help not only by answering questions in simple, understandable language, but by anticipating questions and having the answers ready.

The needs of people require organized services. The American genius for organization works overtime in the field of health and gives us an elaborateness which itself needs organizing. *People want organized services, sensibly combined not fragmented; readily accessible.* The public health nurse sees the family whole and the community whole. To the family she is often the combiner of services from many sources, supplying the element that makes services consecutive. Her closeness, the intimacy of her contact, make her again the cohesive force. This experience on the family scale and on the community scale makes her a wise participator at the table where plans and policies are made.

People need care when sick; they need preventive services; they need workable health information. The needs do not change. Perception of need change. Expectations of how and to what extent needs can be met also change. The public health nurse serves in meeting these three needs. «»

...and don't forget

to take your

VITERRA®

His recovery will never be complete until depleted nutritional reserves are restored. That's why your last-minute reminder about VITERRA is so important. This complete formula quickly replaces 10 important vitamins and 11 minerals—speeds convalescence and helps prevent relapse.

Now VITERRA is available in 3 forms: for daily supplementation, VITERRA. Tastiest way to take vitamins and minerals, VITERRA TASTITABS®, ideal for children. For higher potencies, VITERRA THERAPEUTIC, capsules.

POERIC Rx

CHICAGO 11, ILLINOIS

PEACE of mind ATARAX®

ANESTHETIC

continued from page 70

compensatory heightening of irregular diaphragmatic (abdominal) contractions, reveals failing respiration. Dilation of pupil, dry lack-lustre eyeballs, and loss of light and corneal reflexes also warn of the need to stop the anesthetic.

As the drug leaves the nervous tissues and is eliminated by way of the lungs, the patient passes through the same stages, but in reverse order. While the "excitement" stage of recovery is less severe than that of induction, the patient must be protected from injury and from danger of aspirating vomitus into the lungs. Preoperative administration of the tranquilizer-antihistamine drugs, chlorpromazine (Thorazine) and promethazine (Phenergan), is said to control nausea and vomiting. However, it is still necessary to watch for signs of swallowing and the return of cough reflexes.

While many substances can cause loss of consciousness and induce muscular relaxation, only a relatively few meet the criteria for clinically useful anesthesia. Ideally, such substances should induce anesthesia rapidly and be relatively pleasant to take. Most important is the need for a wide margin of safety between the dose required to produce muscular relaxation and the amount which dangerously de-

presses respiration. Thus, while alcoholic beverages are among the most ancient anesthetics, ethyl alcohol is not used in modern clinical anesthesia. The prolonged excitement produced by alcohol and the danger of fatal coma make it unsafe for routine use.

Although no known anesthetic fulfills completely all requirements, much may be accomplished by administration of multiple agents in minimal amounts. The skilled anesthesiologist can capitalize on the advantages (and minimize the dangers and disadvantages) of each of the agents discussed briefly in the following paragraphs.

Ether is still the safest and most widely used all-purpose anesthetic. It is rarely given alone today, however, because of its relatively long and unpleasant induction and recovery periods. Often, basal anesthesia is first brought about by inhalation of nitrous oxide-oxygen mixtures, intravenous injection of barbiturates, or, occasionally, rectal instillation of tribromethanol solution (Avertin). The profuse flow of mucous secretions resulting from respiratory tract irritation by ether may be reduced by prior administration of atropine.

Chloroform, one of the earliest inhalation anesthetics, is now rarely employed in this country on account of its potential toxicity. Like other halogenated hydrocarbons, it can cause sudden cardiac arrest during induction, and late liver and kidney damage postoperatively.

Nitrous oxide is one of the least

Nurses Everywhere Agree:

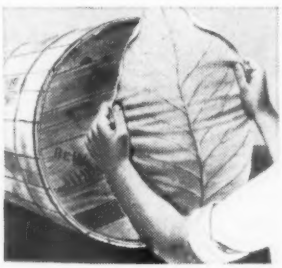
"Viceroy has the smoothest taste of all!"

Smooth!

From the finest tobacco grown, Viceroy selects only the Smooth Flavor Leaf. No other will do!

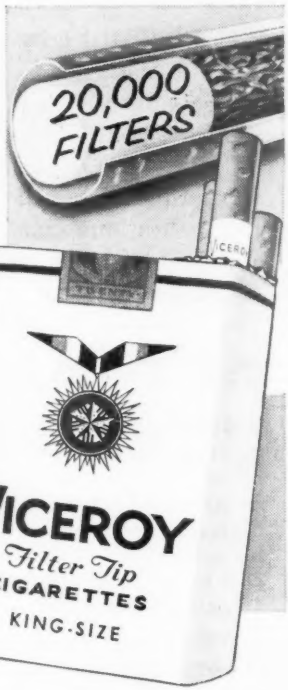
Extra Smooth!

Each Smooth Flavor Leaf is specially Deep-Cured, golden brown through and through, for *extra* smoothness!



Super Smooth!

Only Viceroy smooths each puff through *20,000 filters* made from pure cellulose—soft, snow-white, natural!



NO WONDER so many nurses smoke and enjoy Viceroys! Change to Viceroy and you'll agree . . . Viceroy has the smoothest taste of all!

toxic anesthetics. Unfortunately, this gas is too weak to produce adequate muscular relaxation unless used in concentrations so high that proper oxygenation is impossible. Thus, it is used mainly as an analgesic in dentistry, or combined with curare or thiopental as a supplement to more potent agents, such as ether.

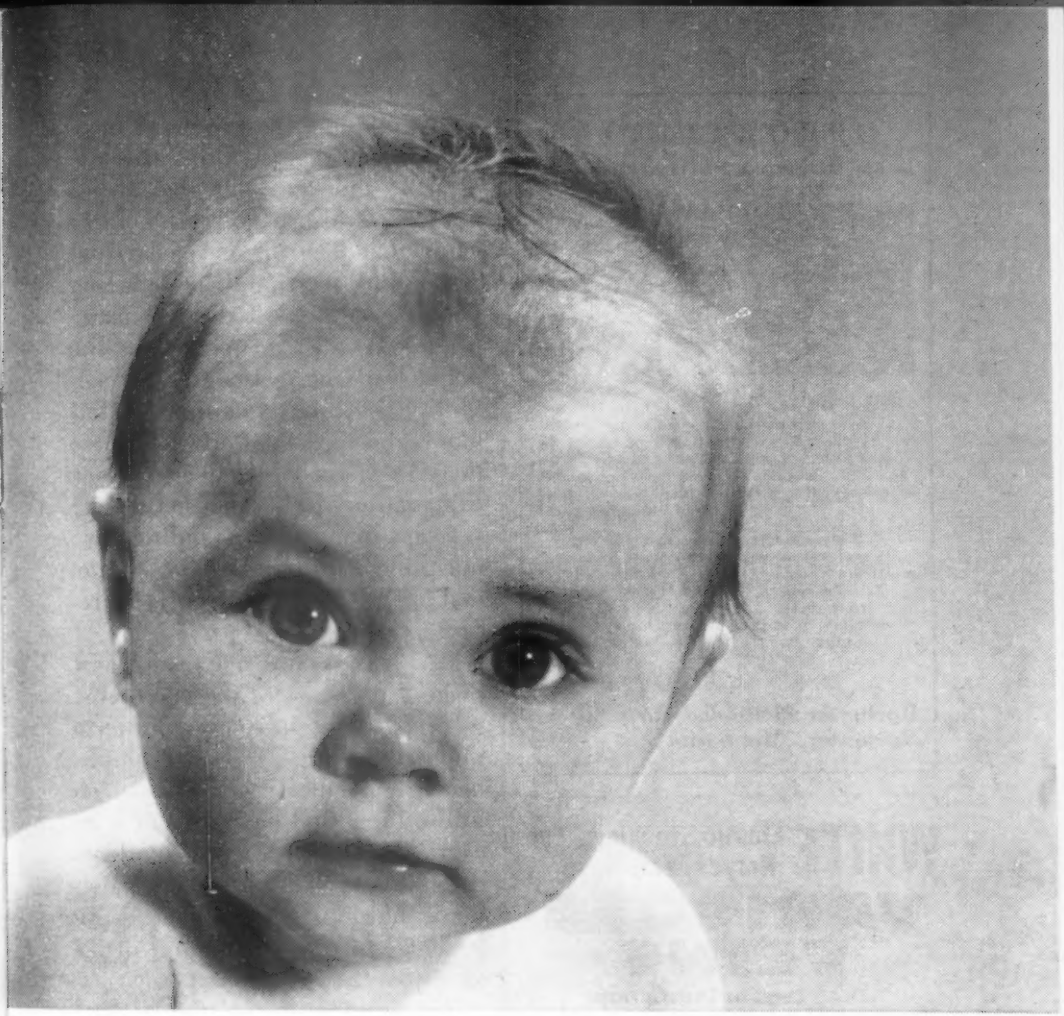
Divinyl ether (*Vinethene*) is characterized by very high potency. While this results in quite rapid induction, its very speed may bring the patient down too deeply before the usual signs are recognized. Its use is limited to operations of relatively short duration (twenty to thirty minutes) or prior to anesthesia maintenance with ether; longer administration may cause liver damage, especially in aged and debilitated people.

Ethyl chloride shares many of the advantages, disadvantages, and indications of vinyl ether. Sprayed on the skin for local anesthesia, its rapid rate of evaporation freezes the tissues long enough for simple incisions of boils and abscesses.

Trichlorethylene (*Trilene*) has limited value for general anesthesia because the danger of cardiac and hepatic toxicity when used in amounts adequate for deep depression. Recently, however, it has become popular for analgesia in obstetrics, minor surgery, and orthopedic manipulations. In obstetrics, the mother may administer the anesthetic herself by means of a special inhaler that automatically cuts off the flow of vapors when labor pains are relieved.

Cyclopropane comes close to the ideal in many respects. Induction and recovery are rapid and relatively pleasant; muscular relaxation is greater than with any other gaseous anesthetic; oxygenation is adequate and the safety margin wide. Occasionally, however, cyclopropane can cause serious cardiac arrhythmias. Special precautions are also required to prevent explosions of cyclopropane-oxygen mixtures. *Ethylene* has somewhat similar properties—rapid, safe induction and high explosiveness.

Just how the different kinds of depressant drugs act on nervous tissues has been the subject of



Executive

His determination is vigorous, his methods direct,
his persistence unsurpassed. His patience is limited,
but his charm is limitless. His household is efficiently organized
to conform to his schedule and comply with his every request.
This young executive knows what he wants and knows how to get it.
He is an S-M-A baby.

Sound Infant Nutrition

Wyeth®
Philadelphia 1, Pa.

S-M-A®
Concentrated Liquid
Instant Powder

much investigation and many theories. Some scientists think that anesthetics interfere with the brain's ability to utilize oxygen; others claim that they prevent cells from responding to stimuli by reducing the permeability of the cell membrane. Another theory relates the potency of anesthetics to their solubility in nerve tissue lipoids (fat-like substances). None of these theories offers a really satisfactory explanation of how anesthetics act; yet gaps in our understanding have not prevented anesthesiology from making remarkable advances in recent years.

New drugs and apparatus now make it possible for the anesthetist to prepare the patient for hitherto impossible surgery. For example, nearly bloodless operations on brain, lung, and heart can now be carried out on "poor risk" patients through the skillful use of ganglionic blocking agents, muscle relaxants, and new depressant drugs as adjuncts to anesthesia.

The anesthetist can now control blood pressure, body temperature, and cardiac action with exquisite precision by means of drug-induced hypotension and hypothermia (artificial hibernation) combined with use of positive pressure respirators, "artificial hearts," and electronic devices for observing heart action and blood oxygen content.

Research now in progress on anesthetic drugs and the way they act on brain cells will undoubtedly lead to still further control over pain, both physical and mental. «»

This man is on a sugar-free, low-calorie diet...

The pudding?

New **D-ZERTA,** of course!

There's nothing like a sweet dessert to pamper a patient on a diet! And new D-Zerta Pudding has all the sweetness and flavor of America's best-liked puddings.

D-Zerta Puddings (Vanilla, Chocolate or Butterscotch) are deliciously sweetened with Sucaryl® and saccharin. There are as little as 54 calories in a serving!

D-Zerta Gelatin is sugar-free, too. Just 12 calories in a serving that costs only pennies. In six flavors at food stores everywhere.

Made by the makers of Jell-O Desserts . . . for those who must watch their sugar intake.

New sugar-free D-ZERTA Puddings and Gelatin

D-Zerta and Jell-O are registered trade-marks of General Foods Corporation. ®Sucaryl-Abbott.

This Food Serving is Low in Fat and Cholesterol

Nutrition and medical authorities seem to be in reasonable agreement that reduction in the fat intake of the diet, provided the diet is in proper balance, increases the chances for maintaining health and enjoying a longer, healthful life.

A food serving consisting of 1 ounce of ready-to-eat or hot cereal, 4 ounces of whole milk, and 1 teaspoon of sugar has a well-merited place among those considered for reducing the fat intake in the diet as shown below. *Not only is this portion low in fat and low in cholesterol but its nutritional contribution of essential nutrients and calories is in proper balance.* Thus the cereal and milk serving merits inclusion in dietary regimens planned for the purpose of reducing the fat intake in the daily diet.

Nutritive Composition of Average Cereal Serving

	Cereal, 1 oz. Whole Milk, 4 oz. Sugar, 1 teaspoon	Cereal** 1 oz.	Whole Milk 4 oz.	Sugar 1 teaspoon
Calories	203	104	83	16
Protein	7.3 gm.	3.1 gm.	4.2 gm.	
Fat	5.3 gm.	0.6 gm.	4.7 gm.*	
Carbohydrate	32.2 gm.	22 gm.	6.0 gm.	4.2 gm.
Calcium	0.169 gm.	0.025 gm.	0.144 gm.	
Iron	1.5 mg.	1.4 mg.	0.1 mg.	
Vitamin A	195 I. U.	—	195 I. U.	
Thiamine	0.16 mg.	0.12 mg.	0.04 mg.	
Riboflavin	0.25 mg.	0.04 mg.	0.21 mg.	
Niacin	1.4 mg.	1.3 mg.	0.1 mg.	
Ascorbic Acid	1.5 mg.	—	1.5 mg.	
Cholesterol	16.4 mg.	—	16.4 mg.*	

**Nonfat (skim) milk, 4 oz., reduces the Fat value to 0.1 gm. and the Cholesterol value to 0.35 mg.*

***Based on composite average of breakfast cereals on dry weight basis.*

Bowes, A. deP., and Church, C. F.: Food Values of Portions Commonly Used. 8th ed. Philadelphia: A. deP. Bowes, 1956.
Cereal Institute, Inc.: The Nutritional Contribution of Breakfast Cereals. Chicago: Cereal Institute, Inc., 1956.
Hayes, O. B., and Rose, G. K.: Supplementary Food Composition Table. J. Am. Dietet. A. 33:26, 1957.

CEREAL INSTITUTE, Inc. • 135 South LaSalle Street, Chicago 3
A research and educational endeavor devoted to the betterment of national nutrition

POSITIONS

ADMINISTRATORS: (a) 35 bed well endowed hosp, coop. board, good sal, mtce. Ky. (b) New, modern 40 bed hosp, typical Ohio town, 5000, outstanding oppt'y. RN4-1 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

ANESTHETIST-NURSE: Male or female. 68 bed hospital, 100 bed hosp under construction. Salary open. Apply Administrator, Gill Memorial Hospital, Steubenville, Ohio

ANESTHETISTS: (a) Brand new 100 bed hosp, btfl. prog. southern town, $6600 p.us %. (b) Free lance, 2 hosps, college twn, 25,000, exc. opport., Minn. (c) Staff, 75 bed new hosp, mountain resort twn, best summer, winter outdoor facilities, Calif. $5000 plus. (d) Male Nurse, medical grp, 30 hr wk. $6000, nr San Fran. (e) Staff, OB, no call, 300 bed hosp nr Chicago. $6000. RN4-2 Burneice Larson, 900 N. Michigan Ave., Chicago, Ill.

ASS'T DIRECTOR IN CHARGE NURSING SERVICE: Minimum B.S. Degree and satisfactory experience. 500 bed hosp, excellent salary, liberal personnel policies, comfortable living quarters available. Easy accessibility to NYC and universities. Apply Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 12, N. J.

ASS'T DIRECTOR NURSING EDUCATION: For School of Nursing, temporary accreditation and college affiliation for Biological Sciences. 130 bed hosp and 65 student nurses. Class of 25-30 yearly. Assist with guidance to teacher activities, organization of curricu um and student progress. In attractive Northwest city with opportunity to attend State Teacher's College. 40 hr 5 day wk, liberal personnel policies. Salary open depending upon experience and educational preparation. B.S. Degree required and experience in working with rotation and teaching curriculum. Box SJH-1 c/o R.N. Magazine, Oradell, N.J.

ASS'T EDUCATIONAL DIRECTOR: Ass't Science Instructor, Fundamentals of Nursing Instructor, June 15th, openings for expanding hospital program, college affiliated school, Chicago suburb, salary commensurate with education, preparation and experience. Write Box WSH-1 c/o R.N. Magazine, Oradell, N.J.

ASSISTANT SUPERVISORS: Evening, 4-12 pm and night 12-8 am. Progressive hospital with school of nursing in suburban Phila. Excellent personnel policies, salary open, Annual increments up to 5 yrs. Reply Box GD-2 c/o R.N. Magazine, Oradell, N.J.

ATTRACTIVE OPPORTUNITY NURSES: Get away from fog, smog and industrial areas. 165 bed Memorial Hospital located in Cheyenne, capital city of Wonderful Wyoming. 340 days sunshine, fresh air in delightful year around recreation area. City of 35,000 Home of Frontier Days. Warren Air Base with 10,000 adjacent to City. Metropolitan Denver 775,000 population 2 hr drive from Cheyenne. Best working conditions, 40 hr wk, 2 and 3 wks vacation with pay, liberal personnel policies. New Nurses' Residence available—board & room $43 per mo. Good housing facilities available within 10 mins. of hospital. Liberal hospitalization plan for all employees. Starting salaries $250 day, $275 evening, $280 surgical. Apply Directory of Nurses, Memorial Hospital, Cheyenne, Wyo.

BEDSIDE NURSES: Acute medical and surgical services, $3500-$4580. Advance rapidly Apply Supt. of Nurses. Goldwater Mem. Hosp Welfare Is., New York 17. MU 8-3500.

CALIFORNIA STATE HOSPITALS OFFER REGISTERED NURSES: Starting salaries $4092 to $6360. Promotional opportunities to $7728. Staff, teaching and administrative positions. Training in psychiatric field. 14 modern facilities. Adjacent colleges and universities. 11 pd holidays, 3 wks vacation, sick leave, retirement annuities. Health and accident benefits. Write Medical Recruitment Unit, California State Personnel Board, 801 Capitol Ave., Sacramento, Calif.

CAMP NURSE: June 14-August 31, room & board, bedding, cottage with modern facilities furnished. Salary $500. Uniform not required, no teaching of classes. Camp located southwestern Mich. on Lake Mich. Operated by Congregational Churches of Ill. Write E. Schroeder, 2614 Willa Drive, St. Joseph, Mich.

CLINICAL INSTRUCTOR: Formal and clinical teaching of pediatric nursing. 56 bed pediatric unit including premature nursery. 500 bed gen'l hosp. School of nursing with enrollment of 100, NLN fully accredited. B.S. Degree and/or advanced preparation desirable. Salary based on preparation and experience. Liberal personnel policies. Write to Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 12, N.J.

CLINICAL INSTRUCTOR: In Medical and Surgical Nursing, degree preferred. Position available at university affiliated N.L.N. fully accredited school of nursing. Liberal personnel policies include tuition aid for advanced study. Apply Director of Nursing Education, Mount Sinai Hospital, 1800 E. 105th St., Cleveland 6, Ohio

CLINICAL INSTRUCTOR: Medical & Surgical. 316 bed general hospital in busy industrial city in central Ohio. 70 students, NLN temporary accredited school of nursing. JCAH fully approved. 40 hr wk and many other liberal personnel policies. For further information write to the Director of Nursing, Mansfield General Hospital, Mansfield, Ohio

CLINICAL INSTRUCTOR: In Obstetrical Nursing for both formal and clinical teaching. B.S. Degree and experience in teaching desirable. Faculty being increased. Liberal personnel policies. Salary dependent upon qualifications and experience. Admit 1 class a yr, 3 yr diploma program. 300 bed hosp, 89 students. Position open for immediate appointment. Apply to Director of Nursing, The Mercer Hospital, Trenton 8, N.J.

CLINICAL INSTRUCTOR — OBSTETRICS: For busy dept, approx. 2200 births per yr. 316 bed general hospital in busy industrial city in central Ohio. 70 students, NLN temporary accredited school of nursing, JCAH fully approved. 40 hr wk and many other liberal personnel policies. For further information write Director of Nursing, Mansfield General Hospital, Mansfield, Ohio

CLINICAL INSTRUCTORS: In Medical & Surgical Nursing for expanding hosp. pro-

gram. NLN fully accredited School of Nursing with student body of 180. Degree in Nursing Education and/or experience not required but highly desirable. Salary commensurate with educational and experiential background. Write to Director of Nursing, The Toledo Hospital, Toledo 6, Ohio, for information.

COURIER-NURSES: Have you ever thought you'd like to travel and get paid for it? Then you would like being a Railroad Nurse. Los Angeles and San Francisco are but hrs away on a fast streamline train. Excellent opportunities, free hospitalization, pd vacation, all expenses, generous meal allowance, group life insurance free, 50% allowance on uniforms and salary $385. Must be a registered nurse, age 21 to 28, corresponding weight. Apply: Norma R. Thompson, Room 751, 80 E. Jackson Blvd., Chicago 4, Ill.

DIRECTOR OF NURSES: Degree in Nursing Administration desirable but secondary to successful experience record as nurse executive. JCHA approved, 140 bed gen. hosp. Training school for Practical Nurses. Graduate Staff. Completely new 200 bed hospital under construction to replace present hospital. Excellent salary and living conditions. Apply to W. C. Walton, Administrator, Dixie Hospital, Hampton, Va.

DIRECTOR OF NURSES & STAFF NURSES: Pediatrics preferred. New, modern rehabilitation center for children, Southern New Hampshire. Good salary, liberal policies. Write Director of Personnel, Crotched Mountain Foundation, Greenfield, N.H.

DIRECTOR OF NURSING SERVICE: New 105 bed general hospital to open January '58. Position available mid-summer 1957. Degree preferred. Opportunity to organize new dept. Hospital located in college town of 45,000, metropolitan area 100,000, in east-central Wisconsin, 100 mi north of Milwaukee, near Lakes Michigan & Winnebago and northern vacation land. Salary open. Apply to Administrator, Appleton Memorial Hospital, Appleton, Wisc.

DIRECTOR OF NURSING SERVICE & GENERAL DUTY NURSES: 64 bed general hosp, mild southern climate, Northern Alabama, college community. Because of increased activity, well-qualified persons needed. Salary open for negotiation. Pd vacation, holidays, sick leave, Social Security, excellent meals & laundry of uniforms. Apply Thos. L. Qualey, Administrator, Athens-Limestone Hospital, Athens, Ala.

DIRECTORS OF NURSING: (a) Dir. Nursing Service, Educ., 400 bed vol hosp affil. recognized univ, 201 students, school nat'l accred., capital city, 200,000, MW. $8000. (b) Dir. head new practical nurse prog. city public school system, nr famous mountain resort, E. Top salary. (c) Dir. of Nurs., well renowned EET hosp, univ affil. $6-7500. (d) Dir. Nurs. Serv, 300 bed hosp, inc. to 450 nr future, opport, exercise initiative, progressive adm, exc. financial possibilities, W. Coast. RN4-3 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

EDUCATIONAL DIRECTOR: Masters Degree and experience in teaching desirable. Salary open, liberal personnel policies including 40 hr wk, all cash salary, Pension Plan in addition to Social Security and hospitalization. Living quarters available if desired. Admit 1 class a yr., 3 yr diploma program, 300 bed

New Weapon Against Staphylococci

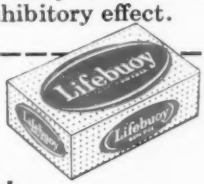
New soap germicide proved more effective than hexachlorophene against staphylococci, other skin pathogens.

● Today's new kind of Lifebuoy soap contains an important new advance in soap germicides. This soap germicide, even more effective than widely-publicized hexachlorophene, is tetra-methyl-thiuram-disulfide—usually abbreviated to TMTD.

Independent laboratory tests have shown that 1% TMTD-Lifebuoy is considerably more effective than 2% hexachlorophene soap in reducing resident skin bacteria, comprised principally of staphylococci. Further testing proves TMTD-Lifebuoy extremely effective against a wide range of other skin pathogens relatively unaffected by hexachlorophene.

For a full report on the medical significance of TMTD-Lifebuoy, and a free full-size sample cake, mail in the coupon below.

Staphylococci. A comparison of 3 germicidal soaps and a control soap in inhibiting growth of Micrococcus pyogenes var. aureus on a nutrient agar plate. 1. 1% TMTD-Lifebuoy—large marked zone of inhibition. 2. 2% hexachlorophene soap—little inhibitory effect. 3. 2% Bithionol soap—little inhibitory effect. 4. Control soap—no inhibitory effect.



LEVER BROTHERS COMPANY
DEPT. 511, 390 PARK AVE.
NEW YORK 22, N. Y.

Please send me the following free Lifebuoy material:
☐ **TMTD booklet** ☐ **Free sample bar of new Lifebuoy with TMTD**

NAME _____
(Please write plainly or use printed label)

STREET _____

CITY _____ ZONE _____ STATE _____

(Offer limited to U. S. and possessions)

hosp, 89 students. Basic Sciences taught at NJ State Teacher's College. Position open May 1957. Apply to Director of Nursing, The Mercer Hospital, Trenton, N.J.

EDUCATIONAL DIRECTOR: Hospital School of Nursing in new 300 bed hospital. 30 mins. from NYC. Write stating education and experience. Box C-140 c/o R.N. Magazine, Oradell, N.J.

FACULTY POSTS: (a) Assoc. Dir. Nurs. Educ., fast growing hosp, good student enrollment potential, ideal Colo. location, top sal. (b) Assoc. Prof, plan, supv, instruct basic nursing students, well established collegiate school, $6500, also Asst. Prof. Psych. $5200, W. (c) Med. Surg, OB, Nursing Arts Instructors, faculty status, state coll. nursing dept, $6000, South. (d) Asst. Ped. Cl. Inst, 500 bed hosp, school of 100, participate in faculty org. $4700, commuting distance, NYC. RN4-4 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

"FIRST HOMESTEAD UNIT": Staff $3500-$4580, Head $4000-$5080, Sup. $4550-$5990, choice of tours with diff., meals at cost. Room $17.14. Apply Supt. of Nurses, Goldwater Mem. Hosp., Welfare Island, NYC, MU 8-3500.

GENERAL DUTY: 40 hr wk, 84 bed hospital, finest equipment, very liberal personnel policies and pleasant working environment. Must be willing to rotate shifts. Salary range $277 to $360 monthly. Atomic Energy Project but not Civil Service. Write Director of Nursing Service, Los Alamos Medical Center, Los Alamos, N.M.

GENERAL DUTY, HEAD NURSES & SUPERVISORY POSITIONS: 88 bed general hospital making plans to be enlarged to 125 beds. Located at the "World's Most Beautiful Beaches". Excellent working conditions, liberal personnel policy. Enjoy living at year 'round resort center. Contact Director of Nurses, Memorial Hospital, Panama City, Fla.

GENERAL DUTY NURSES: For 135 bed general hospital, organized medical staff, high quality services, pleasant surroundings, comfortable living conditions in nurses home, excellent personnel policies. Apply Director of Nursing, John D. Archbold Memorial Hospital, Thomasville, Ga.

GENERAL DUTY NURSES: Would you like to enjoy the vacation land of America? Winter skiing, summer horseback riding, see Yellowstone National Park. Read all about this area in January 1956 issue of National Geographic. Excellent personnel policies, 5 day wk, 8 pd holidays, salary $260, differential $10 for p.m. and nights. Permanent and summer relief positions open. Please apply Superintendent of Nurses, St. John's Hospital, Jackson, Wyo.

GENERAL DUTY NURSES: 210 bed teaching hospital 35 mi from NY. $290 per mo. 40 hr wk, $30 differential for eve duty, $20 night. Regular increments, liberal sick lv. vacation, 8 holidays, Social Security, uniform laundry, living facilities provided if needed. Director of Nurses, White Plains Hospital, White Plains, N.Y. WH 9-4500.

GENERAL DUTY NURSES: 118 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary $300 a month, bonus of $30 for evenings and $20 for nights. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Director of Nursing Service, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY NURSES: 160 bed general hospital, 44 hr wk, starting salary $250, eve and night differentials, $25 and $20. Attractive personnel policies. Write Co-ordinator of Nursing Service, Anniston Memorial Hospital, Box 390, Anniston, Ala.

GENERAL DUTY NURSES: Interesting work and environment, salary and quarters excellent. Write MMM Hospital, Nome, Alaska

GENERAL DUTY NURSES: 50 bed approved hospital located in mountainous portion of Colo. College town. Salary $275, 40 hr wk, sick leave, vacation bonus. Contact Superintendent, Community Hospital, Alamosa, Colo.

GENERAL DUTY NURSES: 120 bed hospital, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk. Starting salary $280 with a charge of $23 for full maintenance. Additional $10 per mo. for evening and night duty with regular increases. Surgical Nurses starting salary $290 plus $5 per call after 5 p.m. Nurses' Home recently redecorated and refurnished. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY STAFF NURSE: New and modernized 300 bed general hospital offers top salaries and opportunities to advance. Evenings $76.80-$89.60 per wk, nights $73.60-$86.10, days $64.00-$75.60. Openings in Medical, Surgical, Obstetrics, Pediatrics, Operating Rooms and Emergency Room. 40 hr wk, merit increases, liberal policies. On Long Island Sound, 45 mins to N.Y.C. Modern nurses residence and school. Apply

Director of Nursing, Stamford Hospital, Stamford, Conn.

GENERAL DUTY STAFF NURSES: For eve and night duty, 40 hr wk, vacation and sick leave, salary daily rate, minimum earnings $342 per mo. Apply Director of Nurses, Englewood Hospital, 6001 S. Green St., Chicago 21, Ill.

GENERAL STAFF NURSES: 346 bed hospital, starting salary $325 per mo, $25 additional for afternoon and nights, $25 additional for surgery. Tenure salary increase plan. Liberal vacation plan, 7 pd holidays, 40 hr wk, Social Security and liberal employee benefit program. Write to Personnel Office, Sutter Community Hospitals, Sacramento, Calif.

GENERAL STAFF NURSES: 60 bed gen hosp. Located in heart of NY State resort area 90 min. from NYC. Good personnel policy with starting salary of $260 per mo plus full maintenance, Social Security, sick leave, good vacation policy and semi-annual increments. Hospital expansion prog. in near future. Apply Director of Nursing Service, Monticello Hospital, Monticello, NY

GENERAL STAFF NURSES: Martland Medical Center, Newark's 800 bed ultra-modern hospital, will be ready for occupancy this Spring and is urgently in need of your services. As a general staff nurse in this hospital, you'll work a 5 day, 40 hr wk with a salary beginning at $3700 per yr or $308.34 per mo plus laundering of uniforms and one meal while working. If you are interested in a position with security and automatic increases by virtue of Civil Service, please contact the Director of Nursing, Martland Medical Center, Newark, N.J.

GENERAL STAFF NURSES: Because we are friendly people it is fun to work in the preferred department of a 200 bed JCAH general hospital enthralled in the extensive building program creating opportunity for advancement. Liberal personnel policies include 40 hr wk, retirement plan, Social Security, pd hospitalization insurance premiums, cumulative 30 days sick leave, 2 wks vacation, 6 holidays, excellent meals at cost, cozy rooms at $20 per mo, in-staff educational program. Approximate initial salary eves $349, nights $343, days $325. Annual increase yearly approximates $215. High standard patient care maintained by nurses permitted to use professional preparations. Ideally located near Detroit with convenient transportation to make off duty hrs. interesting. For details write Director of Nursing, Wyandotte General Hospital, Wyandotte, Mich.

GENERAL STAFF NURSES: Positions open in all divisions of nursing service including specialties. Salary range $62.85 weekly to $74. Rotating shifts with differential of $25 monthly for 3-11 duty, $35 monthly for 11-7:30. 40 hr wk with liberal personnel policies, retirement plan and opportunities for advancement. Nursing Dept. has staff education program. Apply Director Nursing Service, St. Francis Hospital, conveniently located in city at 114 Woodland St., Hartford, Conn.

GENERAL STAFF NURSES—MEN & WOMEN: For 400 bed well equipped teaching hospital affiliated with Medical College. Good salaries, additional pay for eve and night duty. Individual room accommodations in attractive residence bldg. Convenient transportation to colleges and loop. Write to Director

of Nursing Service, Dept. RN, Mount Sinai Hospital Medical Center, 2750 West 15th Place, Chicago 8, Ill.

GRADUATE & ASS'T HEAD NURSE: Please note this Note for Nurses. Nurses in every state, just like professionals in other fields, are seeking the right organization in which to work. By this I mean an organization which respects their rights as individuals and which provides the atmosphere and equipment to make possible the fullest utilization of skills and abilities. The Los Angeles County Hospital System is such an organization. Here are 6 hospitals, ranging from 200-3000 beds, located in different parts of Los Angeles County. Each provides the answer —for some nurse—to the quest for good working conditions — good living conditions. We believe one of our hospitals is the "home" you are seeking. For information re the Los Angeles County Hospital System and what further it has to offer you, please write me. Mrs. Betty Hartwig, R.N., Box 1311, Los Angeles 33, Calif.

GRADUATE NURSES: Border of Mexico, 85 bed modern accredited gen hosp, liberal personnel policies, college town, 25,000 population 85% sunshine belt, altitude 3836. Dry, mild all-year climate. Apply Director of Nurses, Memorial General Hospital, Las Cruces, N. Mex.

GRADUATE NURSES: Positions for those who either have or are willing to obtain Colorado registry. Floor duty, rotating shifts, uniform laundry and meals furnished, 2 weeks paid vacation and 7 days sick leave per year. 35 bed hospital in a growing community. Southwest Memorial Hospital, Cortez, Colo.

GRADUATE NURSES: For medical and surgical services, modern 263 bed mid-Manhattan hospital. 5 day, 40 hr wk. Starting salary, scrub nurses, O.R. $301, floor duty $291, Eves. $330, nights $320, uniform laundry. 4 annual increases, 4 wks vacation, 11 holidays, sick leave 12 days per year cumulative, Social Security health service, free hospitalization. Opportunities for special assignments, research nursing bonuses and supplementary study. Housing agent available. Apply Supt. of Nurses, James Ewing Hospital, 1250 First Ave., New York 21, N.Y.

GRADUATE NURSES: For 55 bed general hospital located on coast of South Carolina within few miles of beautiful drives. Good beaches and famous gardens. Deilghtful climate in city of 15,000 population. Expansion program now in progress insures opportunity for advancement. New modern nurses residence near the hospital. Positions open on rotating and straight shifts. Excellent personnel policies. Good salary with full maintenance, 40 hr wk, automatic salary increases, Social Security and Blue Cross pd by hospital. Contact Superintendent of Nurses, Georgetown County Memorial Hospital, Georgetown, S.C.

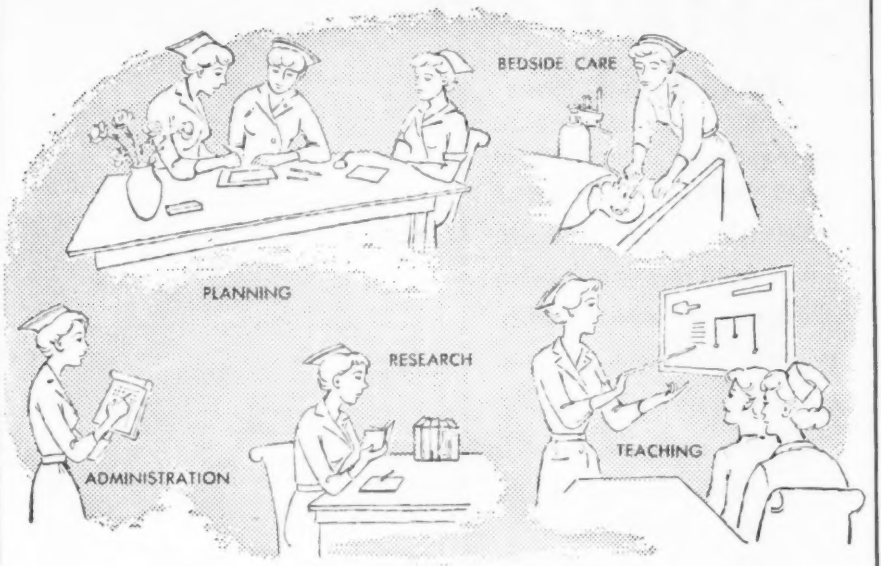
GRADUATE STAFF NURSES: For Medical, Surgical and Obstetrical Services. Also vacancies on operating room staff. Salary $265 per mo for 8 hr day 40 hr wk. Annual vacation and sick leave. Retirement benefits if desired. Apply Administrator, Robinson Memorial Hospital, Ravenna, Ohio.

HIGH CALIBER REGISTERED NURSES: We need good nurses interested both in latest scientific therapy and old-fashioned warm care of patients with cancer and allied diseases. Teaching and Research Center offers valuable experience. Adequate staff of top nurses maintained University-affiliated inservice education, access all NYC educational programs. Good basic preparation required, learn specialty here where patients receive active surgical-medical-radiation therapy. NOT a chronic disease hospital. Teachers College Learn-Earn Plan available for study-experience program on full salary. Staff Nurses day $291-331 mo, eve, $346-386 mo, nite $335-375, 4 wks vacation, 1½ pay for overtime, uniforms laundered, Blue Cross pd by Center. Housing agent helps you locate. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E 68th St., NYC 21, N.Y.

SUTURE NURSES: Work with top nurses and surgeons. Oppty. experience in radical procedures. 5 day wk schedule. Teachers College Learn-Earn Plan now open to O.R. nurses combines study with experience at full salary. Good basic preparation needed, learn specialty here. $291-346 mo plus ½ pay for on-call hours. 4 wks vacation, other benefits. See our ad "High Caliber Registered Nurses" above. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68th St., New York 21, N.Y.

INDUSTRIAL, OFFICE, CLINIC: (a) Courier Nurses, stewardesses, air, rail, East, South, West, overseas, $365, expenses. (b) Clinic, rheumatic patients, world renowned health resort. $3600. RN4-5 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

INSTRUCTOR IN NURSING ARTS: B.S. Degree and experience in teaching desirable. Salary dependent upon background and ex-



NURSING

IS AN EXCITING ADVENTURE

AT THE MINERS MEMORIAL HOSPITALS

Nursing at the Miners Memorial Hospitals, in and around the coal fields, will never become routine. The nursing organization enables nursing service personnel to make their best contribution to the patients they serve. Unique physical facilities—centralized service core, pre-packaged supplies, equipment readily available in the nursing unit—provide the opportunity for the bedside nurse to plan and execute expert nursing care. In-service education programs encourage professional development through experience in leadership, teaching, administration and clinical nursing. Monthly salaries for team leaders begin at $405 for a forty-hour week. Shift differentials, salary increases and a no-expense retirement plan are just some of the benefits provided.

MINERS MEMORIAL HOSPITAL ASSOCIATION
110 Logan St. Williamson, W. Virginia

perience. Liberal personnel policies. Admit one class a year. 3 yr diploma program. 300 bed hosp, 89 students. Position open. Have full time ass't instructor in this area. Apply to Director of Nursing, The Mercer Hospital, Trenton, N.J.

INSTRUCTOR IN NURSING ARTS: Immediate opening. Salary range $410-470. Not over age 50, 250 bed hospital, thoracic diseases and chronic illness rehabilitation. American Citizen, Calif. registered. Send personal record, references and recent photo to Medical Director, Tulare-Kings Counties Hospital, Springville, Calif.

INSTRUCTORS-NURSING ARTS & SCIENCE: For school of nursing in 110 bed general hospital. Degree in Nursing or Nursing Education preferred but work toward degree required. Starting salary $300 to $350 with maintenance depending on training and experience. Apply Administrator, Camden Hospital, Camden, S.C.

INSTRUCTOR—SCHOOL OF PRACTICAL NURSING: 165 bed general hospital. College town in central Penna. Program approved by Pa. State Board of Nurse Examiners. Classes admitted twice yearly. Salary open. Write Director of Nursing, Carlisle Hosp. Carlisle, Pa.

MEDICAL-SURGICAL SUPERVISOR, ADMINISTRATIVE: 500 bed voluntary hosp, 10 mi from NYC with direct transportation to Times Square in 35 mins. Universities and colleges available both in New York and New Jersey for further education. B.S. Degree and /or satisfactory experience in supervision preferred but will consider person with satisfactory experience working toward degree. Salary dependent on education and experience. 40 hr wk, 8 holidays with full pay, 4 wks vacation yearly, liberal sick leave. Write to: Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 12, N.J.

MEN NURSES: Work in the largest privately owned hospital for men and boys in the U.S. Excellent oppty to attend nearby universities for undergraduate or advanced education, stipend given for courses taken. Rooms in new nurses residence, swimming pool and gym available. Liberal personnel policies. Apply Director of Nursing, Alexian Brothers Hospital, 1200 W. Belden Ave., Chicago 14, Ill.

NEW YORK UNIVERSITY MEDICAL CENTER: Offers graduate nurses full time work in all services at its University Hospital (formerly N.Y. Post Graduate Hospital) at a starting salary of $290 mo. Planned increments starting after 6 mos of service, $40 and $20 premiums for eve and night duty, 4 wks vacation, pd holidays, liberal personnel benefits including a Free Tuition Plan at NYU which gives excellent opportunities to earn your degree or take special advanced courses while you are earning your living. Apply Personnel Dept., 550 First Ave., New York 16, N.Y.

NURSE ANESTHETIST: Wanted immediately to serve 30 bed private hosp. doing general surgery. $500 a mo. and up, depending on experience. Liberal fringe benefits and full maintenance, if desired. Contact J. M. Watson, M.D., Steptoe Clinic, East Ely, Nev.

NURSE ANESTHETIST: Fairly new general hospital with active surgical staff. Air conditioned, well equipped surgical suite with adjacent recovery room. Excellent position, 3 in dept, min. of night calls. Coffeyville Memorial Hospital, Coffeyville, Kans.

NURSE ANESTHETIST: Immediate opening for 4 anesthetists to complete staff of 12 for modern 382 bed general hosp. with air-condi-

tioned surgery. Salary commensurate with ability. Apply John M. Willis, M.D., Director, Hamot Hospital, Erie, Pa.

NURSE ANESTHETIST: For approved general hospital. Must be able to administer latest types of anesthetic agents. Salary $375 to $400 per mo plus full maintenance. Annual vacation and sick leave. Retirement benefits if desired. Apply Administrator, Robinson Memorial Hospital, Ravenna, Ohio.

NURSE ANESTHETIST: Wanted, active service 200 bed hosp, southern New England. Dept of 3 M.D.'s and 2 nurses. Salary open. Box WHB-1 c/o R.N. Magazine, Oradell, N.J.

NURSE ANESTHETISTS: To work with 5 anesthesiologists in community serving 70,000. Salary open. Apply to Wm. D. Maher, M.D., 307 S. 12th Ave., Suite 7, Yakima, Wash.

NURSE, RN: For established Vermont girls camp, $425, July-Aug. Write Rm 1605, 11 Broadway, New York 4, N.Y.

NURSES: General Staff and Operating Room Nurses needed for permanent positions. 40 hr wk, including mealtime. Vacation, sick leave and holiday time with pay. Full maintenance with top salary. Nurses also needed for summer positions June 1 to October 31. File your application early and plan to spend your summer in cool Bar Harbor, Gateway to Acadia National Park. Write for full details. Mt. Desert Island Hospital, Bar Harbor, Me.

NURSES: Graduate, registered, staff, inservice education, liberal personnel policies, rotating shifts. Located near Gulf. Social Security and retirement plan available. Starting salary $300. Apply Nursing Supervisor, Polio Center, 1801 Buffalo Drive, Houston 3, Tex.

NURSES: Vacancies, VA Hospital, 2116 beds, psychiatric, 50 mi from Columbus, 3 mo. orientation, continuous inservice education. Minimum salary $4025, yearly increase $105, 30 days vacation, 15 days sick leave, 8 holidays. Friendly, free atmosphere. Write Chief, Nursing Service, Veterans Administration Hospital, Chillicothe, Ohio

NURSES: General hospital, 236 beds, new building, modern equipment. 30 miles from New York City. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

NURSES: Careers with the Michigan Dept. of Mental Health in 14 hosps. Unlimited opportunity in a growing program. Grade levels from I to IV with salaries from $4530 to $9145 (salaries effective July 7, 1957). 40 hr, 5 day wk, generous state retirement plan, plus Social Security, extensive pd vacation, opportunity for pd educational lv, pd sick lv. Write Michigan Civil Service, 320 S. Walnut, Lansing, Mich.

NURSES: Needed for 46 bed modern hosp. in beautiful Willamette Valley only 14 mi from Salem, capital of Oregon. Excellent personnel policies, base pay $285 per mo with $20 diff. for afternoon and night duty and 1 meal a day free. Living accommodations moderate and not difficult to find. Write Ovanda Emmert, R.N., Administrator, Silverton Hospital, Silverton, Ore.

NURSES (R.N.'S) FOR CHILDREN'S CAMPS: Good salary, summer. Free placement service (250 member camps). Association of Private Camps, 55 W. 42nd St., N. Y. 36, N.Y.

NURSES: Wanted immediately, 2 alert and ambitious registered nurses who are looking for opportunities to integrate and broaden their experience in all fields of nursing. Salary $275-$300 per mo, 40 hr wk, 12 days sick leave, 7 holidays and 2-3 wks vacation all with pay yearly. Also other liberal personnel policies. Write, wire or phone Supt. Beaver County Hospital, 41 Center St., West, Milford, Utah. Phone DU 7-2411.

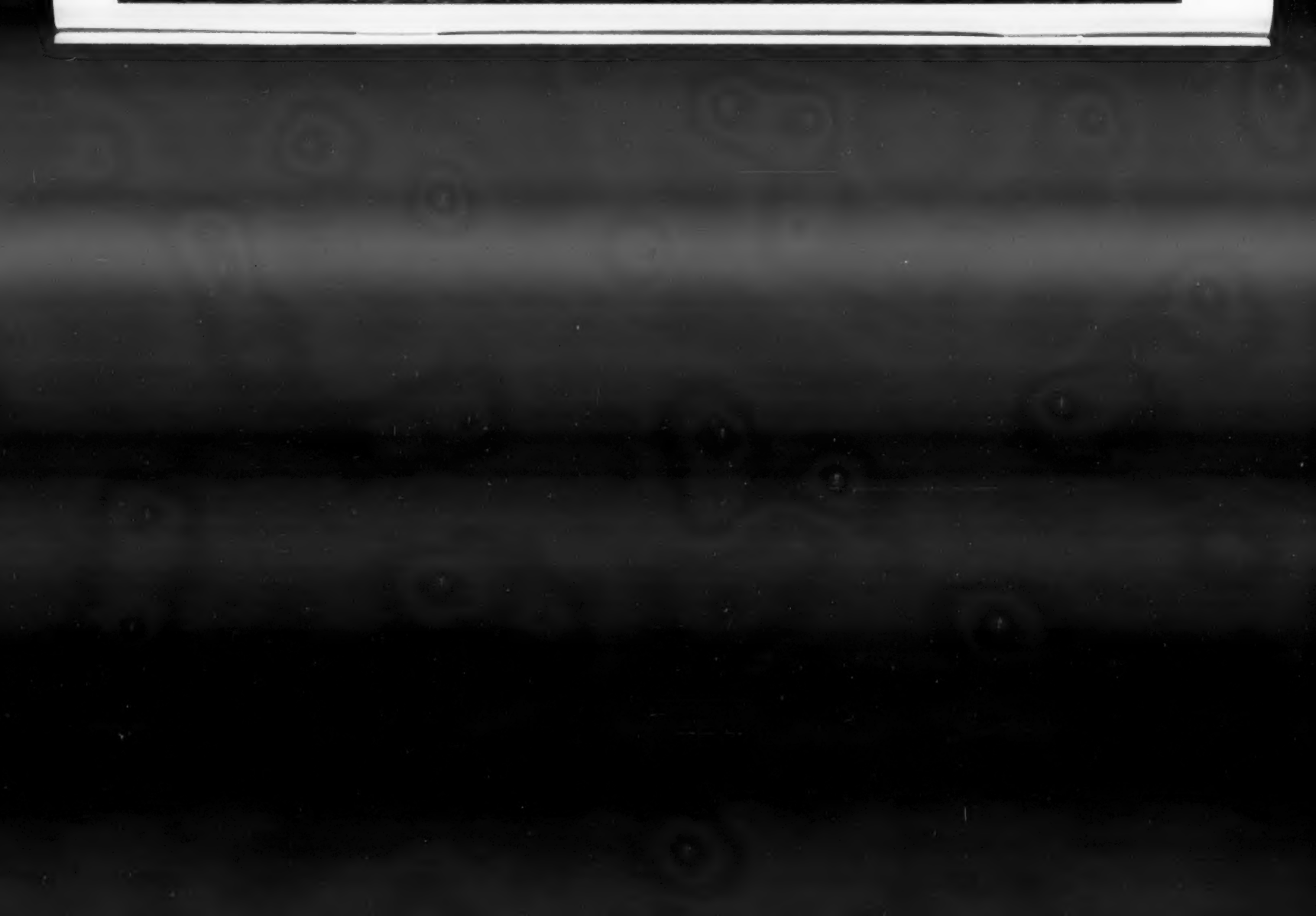
NURSING ARTS INSTRUCTORS: For expanding hospital program. NLN fully accredited School of Nursing with student body of 180. Degree in Nursing Education and/or experience not required but highly desirable. Salary commensurate with educational and experiential background. Write to Director of Nursing, The Toledo Hospital, Toledo 6, Ohio.

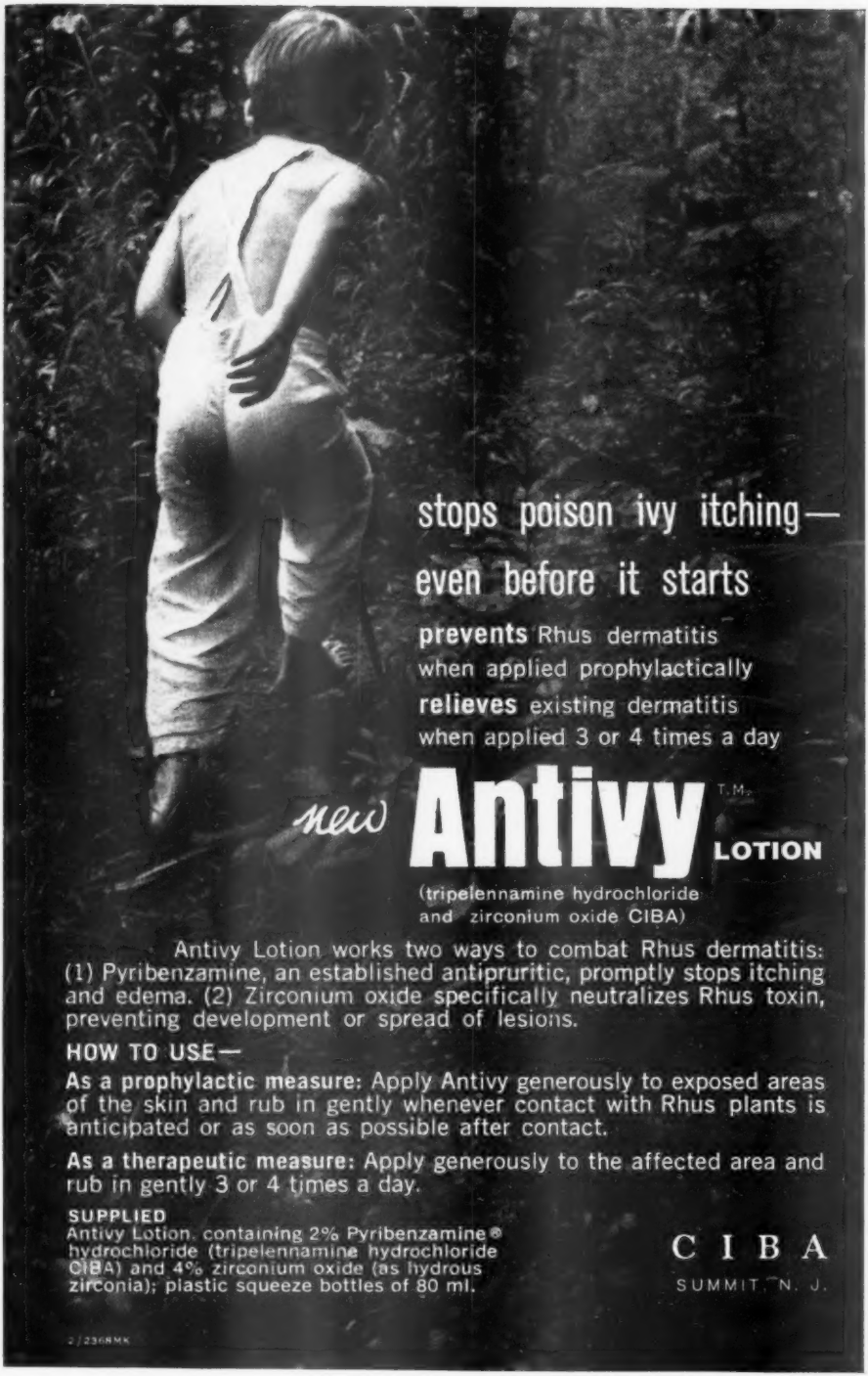
NURSING SERVICE DIRECTOR: Ass't. Attractive position for qualified applicant. Northern New Jersey. Write stating education and experience. Box B-140 c/o R.N. Magazine, Oradell, N.J.

OBSTETRIC SUPERVISOR: For hospital in beautiful North Shore suburb, near to Chicago for social and cultural activities. Attractive Nurses' Residences with private rooms. No training school. 40 hr wk, salary open. Ability to organize and direct more important than age. Write to the Director of Nurses, Lake Forest Hospital, Lake Forest, Ill.

OBSTETRICAL SUPERVISOR: Opening June 1, 1957. New 300 bed hospital, located in Northern New Jersey, 30 mins from NYC. Attractive personnel policies. Write stating education and experience. Box D-140 c/o R.N. Magazine, Oradell, N.J.

OBSTETRICS SUPERVISOR: Administra-




stops poison ivy itching—
even before it starts
prevents Rhus dermatitis
when applied prophylactically
relieves existing dermatitis
when applied 3 or 4 times a day
new
Antivy T.M.
LOTION
(tripelennamine hydrochloride
and zirconium oxide CIBA)
Antivy Lotion works two ways to combat Rhus dermatitis: (1) Pyribenzamine, an established antipruritic, promptly stops itching and edema. (2) Zirconium oxide specifically neutralizes Rhus toxin, preventing development or spread of lesions.
HOW TO USE—
As a prophylactic measure: Apply Antivy generously to exposed areas of the skin and rub in gently whenever contact with Rhus plants is anticipated or as soon as possible after contact.
As a therapeutic measure: Apply generously to the affected area and rub in gently 3 or 4 times a day.
SUPPLIED
Antivy Lotion, containing 2% Pyribenzamine® hydrochloride (tripelennamine hydrochloride CIBA) and 4% zirconium oxide (as hydrous zirconia); plastic squeeze bottles of 80 ml.
CIBA
SUMMIT, N. J.
2/236RMK

tion of dept. and assist Obstetrician in teaching OB course once a yr. 130 bed hosp in attractive progressive Northwest city of 28,000. College in the town affords cultural advantages. School of Nursing temporarily accredited, 65 students. 5 day 40 hr wk, liberal personnel policies for qualified person. B.S. Degree and experience required. Salary open depending upon your experience and educational preparation. Box SJH-2 c/o R.N. Magazine, Oradell, N.J.

OPERATING ROOM NURSES: For 165 bed general hospital, 40 hr wk, vacation and sick lv., salary daily rate, minimum earnings $350 per mo. Apply Director of Nurses, Englewood Hospital, 6001 S. Green St., Chicago 21, Ill.

OPERATING ROOM NURSES: 93 bed hospital, experience required. Apply to Director of Nursing, Monterey Hospital, Ltd., Monterey, Calif.

OPERATING ROOM SUPERVISOR: 118 bed gen hosp in beautiful residential suburb along North Shore of Chicago. Modern ranch style nurses home with attractively furnished private bedrooms. 40 hr wk. Salary commensurate with experience and qualifications. Contact Director of Nursing Services, Highland Park Hospital Foundation, Highland Park, Ill.

OPERATING ROOM SUPERVISOR: Newly modernized operating room suite, 285 bed general hospital located in the Queen City of the Ozarks, the hub of the Ozark vacationland. City is approx. 100,000 pop. with 4 colleges and many recreational facilities. Graduate course in operating room supervision or comparable experience required. 40 hr wk with liberal vacation and sick leave policy. Social Security and Blue Cross plan offered. Starting salary depends upon qualifications. Apply Elmer W. Paul, Adm., Burge Hospital, Springfield, Mo.

OPERATING ROOM SUPERVISOR: Experience desirable but not necessary. Sick leave and annual vacation. Retirement benefits available. Salary open. Apply Administrator, Robinson Memorial Hospital, Ravenna, Ohio.

OR SCRUB NURSES, OB NURSES & GENERAL STAFF: Beautiful North Shore suburb near Chicago. Attractive and well-equipped hospital. Pleasant living quarters. 40 hr wk, male and female applicants considered. Write to Director of Nurses, Lake Forest Hospital, Lake Forest, Ill.

PEDIATRICS TEACHING SUPERVISOR: 40 bed division in a 316 bed general hospital in busy industrial city in central Ohio. 70 students, NLN temporary accredited school of nursing, JCAH fully approved. 40 hr wk and other liberal personnel policies. Adequate staff to give good nursing care. For further information write to Director of Nursing, Mansfield General Hospital, Mansfield, Ohio

PUBLIC HEALTH: (a) Assoc, Prof, P.H. or School Nursing, state univ teacher's college, pilot study nursing prog. East, $6200. (b) Nurse Director, Dept. of P.H., generalized prog. incl. school services, 37½ hrs, to $6500, also staff, to $4800, Calif. RN4-6 Burneice Larson 900 N. Michigan Ave., Chicago, Ill.

QUALIFIED PUBLIC HEALTH NURSE & REGISTERED NURSE: Salary for public health nurse $4000. Immediate appt. on provisional basis. Permanent appt. with increases up to $5080, 37 hr wk, liberal vacation and personnel policies, pension rights, in-service training, promotional opportunities. Generalized service including maternal and child care, school health and communicable disease control. Salary for registered nurses $3500-$3980. Opportunity for registered nurses seeking public health qualifications. Immediate appt., 37 hr wk, liberal personnel policies. Applicants must be able to matriculate for public health nursing courses at university. Applicants (except N.Y. State Veterans) must not have reached 36th birthday. Write or call the New York City Dept. of Health, 125 Worth St., New York 13, N.Y.

QUALIFIED PUBLIC HEALTH NURSES: Annual salary range $4648 to $4992. 40 hr wk, liberal vacation, sick leave and retirement. Apply Personnel Dept., City Hall, 30 Gerald Ave., Highland Park 3, Mich.

R.N. SUPERVISORS: New 32 bed general hospital, starting salary $285 for P.M. and night duty, raise in salary after 6 mos, meals furnished, 2 wks vacation and sick lv. For further information write Memorial Hospital, Pecos, Tex.

R.N.'S: Under 50 years of age. General duty starts at $315 to $330, depending upon experience. Also supervising positions from $330 to $375 on step-basis. Retirement plan, sick leave benefits, 11 holidays, 3 wks vacation, modern nurses residences. State eligibility for California registration. Tuberculosis, other chest diseases, chronic illness. Rehabilitation ward recently opened, interesting and challenging positions for qualified registered nurses. Submit photo to Director of Nursing Services, Tulare-Kings Counties Hospital, Springville, Calif.

REGISTERED NURSE ANESTHETIST: Second anesthetist needed for modern, air-conditioned fully approved 70 bed hosp in Southern Ill. university town. Excellent working conditions. Salary open. Contact Jack Edmundson, Doctors' Hospital, Carbondale, Ill.

REG. NURSES: Gen. duty, 40 bed hosp, college town, resort area. Liberal personnel policies include 40 hr wk, Soc. Sec., meals, laundry. Apply R. Houfek, Adm., Ripon Municipal Hospital, Ripon, Wis.

REGISTERED NURSES: Opportunity for varied experience in progressive teaching institution. Liberal personnel policies and opportunities for advancement. Salary $265-$315 with additional differential for eve and night duty. Operating room and previous experience. In-service education program. Apply Director of Nursing, Hahnemann Medical College & Hospital, 230 N Broad St., Philadelphia 2, Pa.

REGISTERED NURSES: Needed for general duty in new 24 bed gen hosp, much experience offered for new graduate. Climate very healthful. In driving distance of many scenic points in Northern Ariz. Starting salary $260 with differential on 3-11 and 11-7 shifts, monthly. For further information contact Naomi Lally, R.N., Winslow Memorial Hospital, Winslow, Ariz.

REGISTERED NURSES: Staff positions on all services. 150 bed approved general hospital, 100 mi from San Francisco. Starting salary $305 per mo, 40 hr wk, pd vacation, sick leave, holidays, Social Security and Blue Cross. Apply Director of Nursing Service, Salinas Valley Memorial Hospital, 450 E. Romie Lane, Salinas, Calif.

REGISTERED NURSES: Positions available at 398 bed JCAH non-sectarian research and teaching hosp. with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Housing available at reason-

able rates. Apply Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio

REGISTERED NURSES: For 200 bed tuberculosis sanatorium. Starting salary $325 per mo. Maintenance available at minimum rate. Annual leave, sick leave and 10 holidays. Medical Director, New Mexico State Tuberculosis Sanatorium, Box SS, Socorro, N. Mex.

REGISTERED NURSES: For general duty, Florida East Coast 50 bed fully approved gen hosp. Liberal personnel policies. Starting salary $240 per mo, $10 differential for 3-11, 11-7 shifts plus one on-duty meal. Apply Director of Nurses, Fort Pierce Memorial Hospital, Fort Pierce, Fla.

REGISTERED NURSES: Do you have a desire to work where you will be appreciated, where you will make friends, where the pay, hours and working conditions are excellent, 40 hr wk, $250 starting salary, guaranteed wage increases, 2 wks vacation with pay? If so, write Administrator, Parmer County Community Hospital, Friona, Tex.

REGISTERED NURSES: 110 bed hospital, Texas Panhandle, 44 hr wk. Openings in medical, surgical, obstetrical and pediatric depts. Salary $290 per mo, rotating $20 extra. RNs may live in Nurses' Home for $10 per mo. Liberal personnel policy. Director of Nursing Service, North Plains Hospital, Borger, Tex.

REGISTERED NURSES: Two, 30 bed air-conditioned hospital, 35 mi due south of Memphis. $300 per mo, plus room & board in air-conditioned nurses' home. 6 days off each mo. Prefer one with supervisory ability for future promotions. Write or call Murray E. Hill, Administrator, Tunica Hospital, Tunica, Miss.

REGISTERED NURSES: For Veterans Administration Hospital, Fort Howard, Maryland, located 15 mi from Baltimore. 437 bed GM&S Hospital. Personnel policies include 40 hr wk, 30 days annual leave, 15 days sick leave and 8 holidays. Salaries, Junior Grade $4025, Associate Grade $4730 with yearly increases. Non-housekeeping quarters available. Uniform allowances and laundry provided. Openings for both men and women interested. Contact Chief, Nursing Service, VAH, Fort Howard, Md.

REGISTERED NURSES: Male and female. Starting salary $300 up plus $20 pm shifts. 40 hr wk, Social Security, pd vacation, 10 days sick leave, hosp group insurance. Apply Mr. Glenn A. Dickau, R.N., Administrator, Corning Memorial Hospital, Corning, Calif.

STAFF: Foreign assignment, outstanding American co., air-conditioned hosp, living quarters, employee golf course, tennis, swimming. $7800. RN4-7 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

STAFF, HEAD & SUPERVISORY POSITIONS: Available in 513 bed city-county hospital. Beginning salaries staff positions $260-$280, one meal and laundry. Living quarters available. Differential for rotating shifts, special services and years of service. Fully accredited school of nursing, hospital affiliated with medical school. Teaching and research. For further information write Director of Nursing, Jefferson Davis Hospital, Houston, Tex.

STAFF NURSES: 210 bed general hosp, located in the "Oil Capital of the Rockies" on main route to Yellowstone Park. Minimum salary $285, merit increases considered annually, 40 hr wk, 6 pd holidays, 2 wks vacation, 12 days sick lv, cumulative to 60 days. Uniform laundry furnished. Rooms available $20 mo. See June '56 issue Modern Hospital for information about hospital. Write Director of Nursing Service, Memorial Hospital, Casper, Wyo.

STAFF NURSES: 225 bed Southern California hospital on ocean front. Attractive personnel policies. Salary for California registered nurses starts at $300. Increases on merit. Apply to Director of Nursing, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

STAFF NURSES: Needed in new well equipped 100 bed hospital soon expanding to 200 beds in most desirable coastal city in Southern California. 40 mi from Los Angeles, 2 hrs from mountains. Write to Director of Nurses, Hoag Memorial Hospital-Presbyterian, 301 Newport Blvd., Newport Beach, Calif.

STAFF NURSES: 250 bed non-sectarian hospital located on beautiful Allison Island, Miami Beach, Fla. Nearby college offers opportunity for advanced study. Accommodations for living in are available. Apply Director of Nursing Service, St. Francis Hospital, Miami Beach, Fla.

STAFF NURSES: For operating room, obstetrics, medical and surgical nursing. Apply Director of Nurses, St. Mary's Hospital, West Palm Beach, Fla.

STAFF NURSES: Modern air-conditioned 250 bed general hospital, liberal policies, Blue Cross, Blue Shield, Social Security. 5 day 40 hr wk, annual vacation, sick leave. Apply to Director of Nurses, St. Luke's Hospital, Jacksonville, Fla.

STAFF NURSES: For positions in all clinical fields, 320 bed teaching hospital located on the UCLA campus. Salary $295 per mo, first increase after 6 mos of employment. Pay differentials for eve and night duty and for psychiatric and operating room. 40 hr wk, 3 wks vacation, sick leave benefits. California registration required. Write or apply Employment Office, University of California Medical Center, Los Angeles 24, Calif.

STAFF NURSES: General duty in operating rooms and medical-surgical units. 165 bed general hospital. College town in central Pennsylvania. Opportunity for part-time study. In-service program. Liberal personnel policies. Salary depends on ability and qualifications. Write Director of Nursing, Carlisle Hospital, Carlisle, Pa.

STAFF NURSES: Base salary $335 mo. Higher salaries based upon experience and education. 40 hr work wk, 30 days vacation, 15 days sick leave, 8 holidays, uniform allowance. Write Chief, Nursing Service, Veterans Administration Hospital, Ann Arbor, Mich.

STAFF NURSES: For 45 bed general hospital, completely remodeled and new equipment. 44 hr. week. Starting salary $300 up. Good working conditions. Liberal personnel policy. Apply Administrator, Coon Memorial Hospital, Dalhart, Tex.

STAFF NURSES: Positions available now. Salary range $304-$365. TB $15 extra. Shift differential of $10, rooms available in nurses home for $15 per mo. Retirement plan, hospital insurance plan at low cost. California registration required. 400 bed county general hosp, 2 hr drive to either mountain resort areas or San Francisco. Apply to Director of Nurses, Stanislaus County Hospital, 830 Scenic Drive, Modesto, Calif.

STAFF NURSES-OPERATING ROOM NURSES: For modern 650 bed tuberculosis hospital affiliated with Western Reserve University and approved by joint commission on accreditation of hospitals. 40 hr 5 day wk, beginning

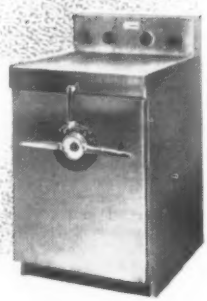
Now!

A BETTER TECHNIQUE FOR PATIENT UTENSILS . . .

THE *American* UTENSIL WASHER-SANITIZER

• The American Utensil Washer-Sanitizer provides efficient equipment to carry out an improved technique in preventing the transfer of communicable diseases among patients and hospital personnel. Convenient and automatic, it washes and sanitizes three full sets of patients' utensils in two loads . . . at a speed well within the normal discharge-and-admission rate. Simple and economical to install and operate, the Washer-Sanitizer saves personnel time, reduces Utility Room clutter and assures uniform cleaning and sanitizing at less cost.

For complete information on this new Utensil Technique, write for bulletin SC-321.



The American Utensil Washer-Sanitizer is available with stainless steel Utility Room clean-up counter or as the free-standing unit shown above.

AMSCO

AMERICAN STERILIZER

ERIE • PENNSYLVANIA

salary $319 with automatic increases. Full maintenance available at minimum rate. Housing for two or more nurses. Advancement for eligible applicants. Meets approved minimum employment standards of the State Nurses Association. Apply to Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio

STUDENT HEALTH: (a) Infirmary Nurse, wealthy boys' military academy, beautiful lake campus, nr leading city, $300, small apt. meals, 9 mos. RN4-8 Burence Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

SUPERINTENDENT OF NURSES: Well experienced to direct a rapidly expanding 125 bed JACH hospital, staffed by certified physicians only in connection with a large well-known clinic in Detroit. Commencing income $8000 for person being sought. Apply Box LH-1 c/o R.N. Magazine, Oradell, N.J.

SUPERVISOR-CENTRAL SUPPLY: New 300 bed hospital opening this spring. Excellent opportunity for qualified, experienced supervisor. Supervisor will organize and set up policies and procedures. Write Box A-140 c/o R.N. Magazine, Oradell, N.J.

SUPERVISOR OF NURSING SERVICE: Progressive hospital with school of nursing in suburban Philadelphia. Excellent personnel policies, salary open. Annual increments up to 5 yrs. Apply Box GD-1 c/o R.N. Magazine, Oradell, N.J.

SUPERVISORS: (a) Gen, exp'd to head nursing service, small new hosp, mild yr 'round climate, $5000, South. (b) OB, outstanding opport, active maternity dept, gen hosp, ideal location, Chicago, $5200 plus. (c) OR, adm. ability req'd, busy surg. schedule, btf'l mod. Conn. hosp, $5000 up. (d) Psych, exc. opport. manage 50 bed priv. mental san., salary commensurate ability, MW. RN4-9 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

TWO TRAINED NURSE ANESTHETISTS: To work for a group of Anesthesiologists in Northern Kentucky. Write or call for complete detailed printed information. Salary is more than $75 above national average. Anesthesia Associates, 301 East 3rd St., Newport, Ky. AX 1-6545

NEW CLASSIFIED ADVERTISING RATES

Effective with the April issue, rates for POSITIONS AVAILABLE advertisements are as follows:

$9.00 minimum charge for three lines (approximately 20 words), $2.50 for each additional line (6-7) words).

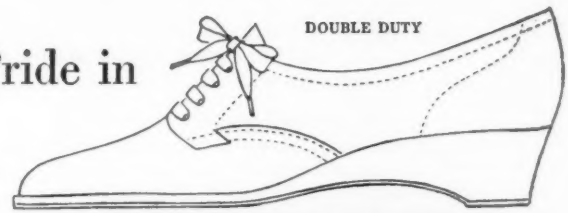
Closing date is the first of month preceding date of publication.

WHERE TO FIND OUR ADVERTISERS

GLIDER

Designed for the girl who

Takes Professional Pride in Looking Pretty



DOUBLE DUTY

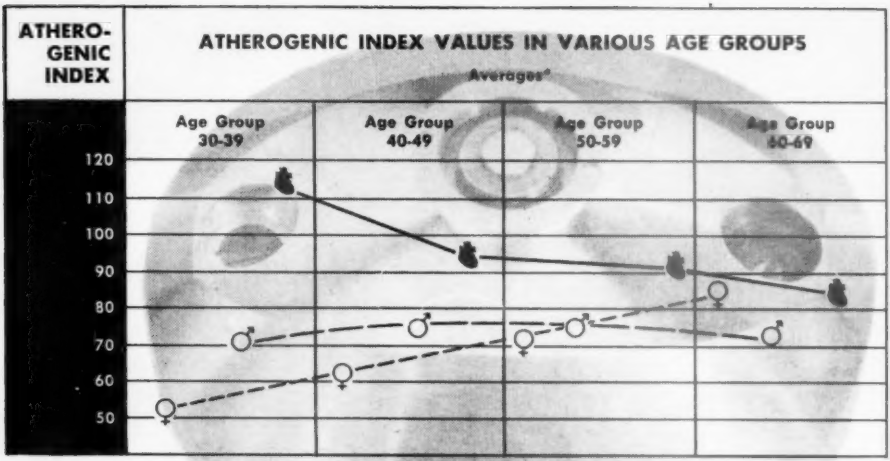
Crisp and correct—but with such a pretty air,
Red Cross Professional Shoes add just
the right, bright touch of fashion
to every hour on the job. And with
the most heavenly feeling . . . the finest,
softest fit two busy feet ever enjoyed.
Discover them yourself . . .
now at your Red Cross Shoe retailer's.

Red Cross
PROFESSIONAL
Shoes

America's Smartest Selection of Modern Duty Shoes... Most Styles 9.95

THIS PRODUCT HAS NO CONNECTION WHATEVER WITH THE AMERICAN NATIONAL RED CROSS

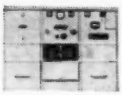
The United States Shoe Corporation, Cincinnati 7, Ohio



*Averages derived from the following number of individuals in each group.

♀ Normal females:	188	140	80	9
♂ Normal males:	284	473	267	74
Males with coronary heart disease:	9	91	148	61

Adapted from Gofman, J. W., and others: Mod. Med. 27:119 (June 15) 1953.



HOW A DIZZY SPIN SPILLS THE FACTS
about coronary disease and atherosclerosis

Here's research in grand style at the terrific speed of 60,000 RPM, with centrifugal fields reaching 300,000 *g*'s in the ultracentrifuge!

The object: identification and quantitation of the giant molecules among the complex lipoproteins of the blood.

Significance: elevation of certain blood lipids has been linked to the accelerated progression of coronary disease; disturbed lipid metabolism is suspected as a cause of atherosclerosis. Blood fractionation by ultracentrifuge has led to the development of atherogenic index values shown above: clinical atherogenic trends coincide with the atherogenic index obtained by this method.

Application: the ultracentrifuge is now being used to investigate the influence of dietary supplementation with "RG" Lecithin upon atherogenic index values in patients.

This is but one phase of the vast research on disease states which apparently are associated with lecithin insufficiencies. Lecithin, a constituent of all cells and organs, emulsifier, and lipid transport agent, is the focal point of attention.

Glidden's "RG" Lecithin is the only lecithin made specifically for medically indicated dietary purposes. It consists of 90% natural phosphatides in dry, free-flowing granules refined from soybeans.

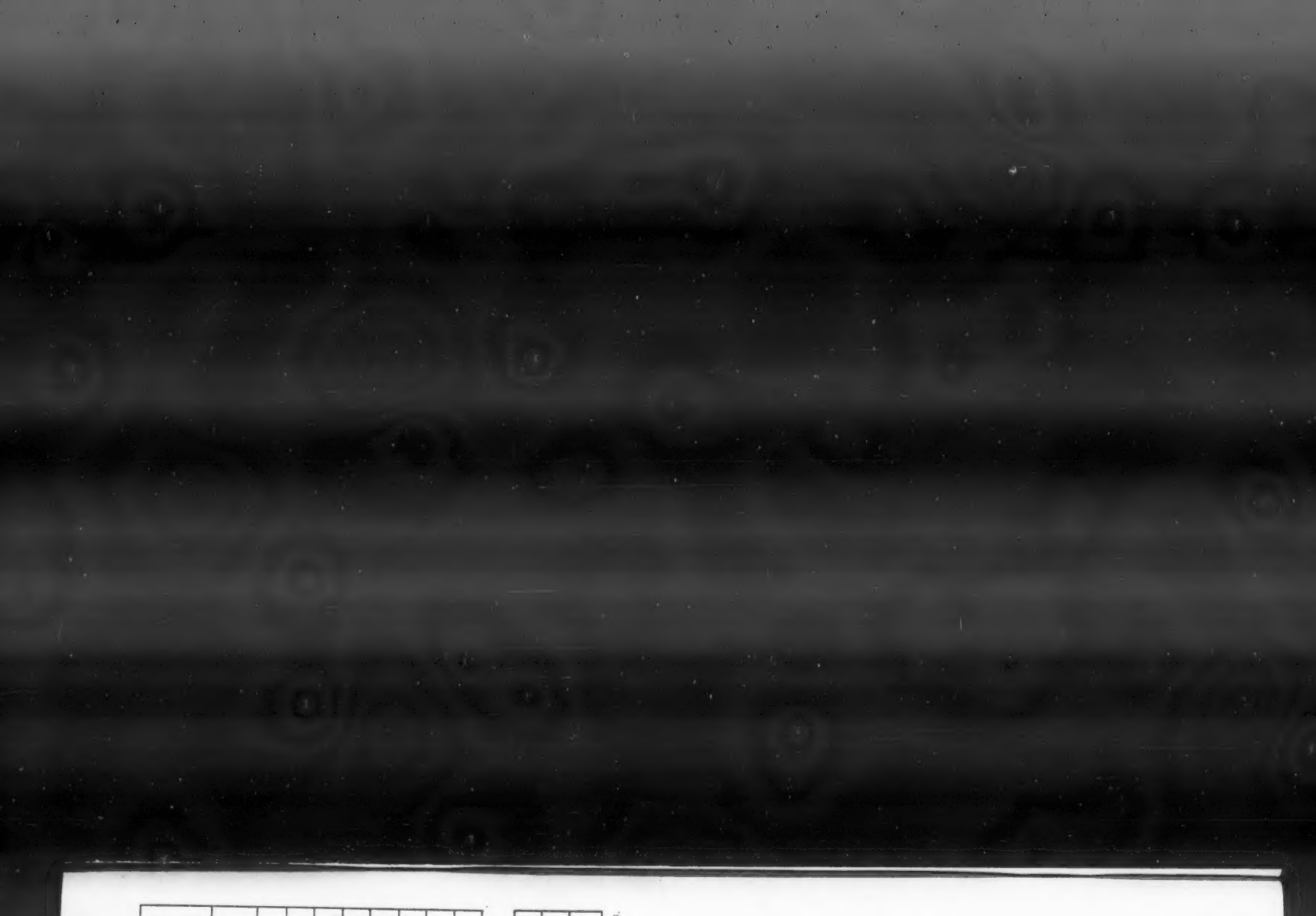
"RG" Lecithin is well tolerated and readily utilized by the body. *There are no contraindications.* It is usually given in amounts of one teaspoonful t.i.d. (7.5 Gm.). (In current clinical research, amounts up to 60 Gm. daily are used.)

A preliminary report on lecithin in health and disease has been published and is available to physicians on request.

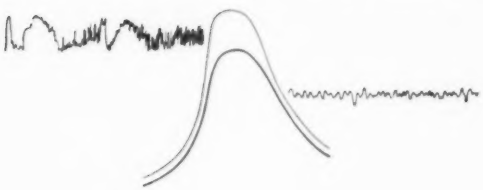
QUALITY Glidden PRODUCTS

RG® LECITHIN A dietary phosphatide supplement.

The Glidden Company, Chemurgy Div., 1825 N. Laramie Ave., Chicago 39, Ill.



"MYSOLINE" raises the convulsive threshold in grand mal and psychomotor attacks



"MYSOLINE," employed alone or in combination with other medication, controlled or markedly improved 73 per cent of 45 patients with major motor seizures. In each instance, the previous medication had proved to be ineffective.[1]

"MYSOLINE," when used as *initial therapy* in a series of 97 grand mal patients, controlled seizures in 57 per cent of the patients; an additional 22 per cent were improved.[2]

". . . after the proper dose was established, 'Mysoline' was well tolerated without [serious] side effects."[3]

1. Doyle, P. J., and Livingston, S.: J. Pediat. *43*:413 (Oct.) 1953.
2. Livingston, S., and Petersen, D.: To be published.
3. Pence, L. M.: Texas State J. Med. *50*:290 (May) 1954.

LITERATURE ON REQUEST

Supplied: Tablets, 0.25 Gm. Bottles of 100 and 1,000.
Suspension, 0.25 Gm. per 5 cc. (teaspoonful). Bottles of 8 fluidounces.

"MYSOLINE"®

Brand of Primidone

in epilepsy

AYERST LABORATORIES • New York, N.Y. • Montreal, Canada

5655

Ayerst Laboratories make "Mysoline" available in the United States by arrangement with Imperial Chemical (Pharmaceuticals) Limited.

NEW **MUM.** CREAM

24-Hour Protection from Perspiration Odor

You feel fresh and clean 'round the clock when you use MUM. It contains M-3 (hexachlorophene) which inhibits growth of odor-causing bacteria. Creamy MUM is pleasant to use, will not harm fabrics. Make MUM a part of your morning grooming routine and face the day with confidence.

Bristol-Myers Co., 19 West 50 Street, New York 20, N. Y.